

More choice, better care. **That's our Advantage.**

2024

Drug List (Formulary)

CareOregon Advantage **Plus**
(HMO-POS D-SNP)

For Oregon counties: Clackamas, Columbia, Jackson,
Multnomah, Tillamook and Washington

H5859_CO2024_CFO_C

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT
THE DRUGS WE COVER IN THIS PLAN**

Formulary ID 24549, Version 20

This formulary was updated September 2024. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 503-416-4279 or toll-free 888-712-3258 (TTY users should call TTY 711), 8 a.m. to 8 p.m. seven days a week, October 1 to March 31, and 8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30, or visit careoregonadvantage.org/druglist.



CareOregon®
Advantage

CareOregon Advantage Plus (HMO-POS D-SNP)

2024 Formulary (List of Covered Drugs)

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means CareOregon Advantage. When it refers to “plan” or “our plan,” it means CareOregon Advantage Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of September 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the CareOregon Advantage Plus Formulary?

A formulary is a list of covered drugs selected by CareOregon Advantage Plus in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CareOregon Advantage Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareOregon Advantage Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the CareOregon Advantage Plus Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CareOregon Advantage Plus Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 2024. To get updated information about the drugs covered by CareOregon Advantage Plus please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year, non-maintenance changes to our formulary that affect you, they will be captured in our online formulary, which is updated on the first day of each month throughout the plan year.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

1. *Medical Condition*

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Drugs. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

2. *Alphabetical Listing*

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 136. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CareOregon Advantage Plus covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CareOregon Advantage Plus before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, CareOregon Advantage Plus limits the amount of the drug that we will cover. For example, we provide 9 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareOregon Advantage Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the CareOregon Advantage Plus formulary?” on page iv. for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that CareOregon Advantage Plus does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by CareOregon Advantage Plus.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CareOregon Advantage Plus Formulary?

You can ask CareOregon Advantage Plus to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement**

from your prescriber or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 90-day supply (or a 31-day supply if you reside in a long-term care facility). If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 90-day supply of medication (or a 31-day supply if you reside in a long-term care facility). After your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you transition from one level of care to another (for example, if you are discharged from a hospital or change hospice status) we will cover a temporary 30-day supply of that drug while you pursue a formulary exception.

For more information

For more detailed information about your CareOregon Advantage Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareOregon Advantage Plus, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 800-MEDICARE (800-633-4227) 24 hours a day/7 days a week. TTY users should call 877-486-2048. Or, visit www.medicare.gov.

CareOregon Advantage Plus Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by CareOregon Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 136.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., OZEMPIC) and generic drugs are listed in lower-case italics (e.g., *etodolac*).

The information in the Requirements/Limits column tells you if CareOregon Advantage has any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ED: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 503-416-4279 or toll-free, 888-712-3258 or, for TTY/TDD users, 711, October 1 – March 31, 8 a.m. to 8 p.m., seven days a week, April 1 – September 30: 8 a.m. to 8 p.m., Monday through Friday.

MO: Mail Order Drug. This prescription drug is available through a mail-order service.

PA: Prior Authorization. CareOregon Advantage Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. The drug has a maximum quantity limit for each prescription.

ST: Step Therapy. In some cases, CareOregon Advantage Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Discrimination is Against the Law

CareOregon Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareOregon Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareOregon Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CareOregon Advantage Customer Service.

If you believe that CareOregon Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Coordinator

315 SW Fifth Ave Portland, OR 97204

Toll-free: 888-712-3258

Fax: 503-416-1313 TTY 711

Email: customerservice@careoregon.org

You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html

CareOregon Advantage Plus is an HMO-POS SNP with a Medicare/ Medicaid contract. Enrollment in CareOregon Advantage Plus depends on contract renewal. “More choice, better care” refers to our larger pharmacy and provider networks in 2024 as compared to plan year 2023. The pharmacy network may change at any time. You will receive notice when necessary.

COA-23592787-0927-EN

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents		
Anthelmintics		
<i>albendazole tabs 200mg</i>	1	
<i>emverm chew 100mg</i>	4	
<i>ivermectin tabs 3mg</i>	1	
<i>praziquantel tabs 600mg</i>	1	
Antibacterials		
<i>amikacin sulfate inj 500mg/2ml</i>	1	
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	1	
<i>amoxicillin caps 250mg</i>	1	
<i>amoxicillin caps 500mg</i>	1	
<i>amoxicillin chew 125mg</i>	1	
<i>amoxicillin chew 250mg</i>	1	
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	1	
<i>ampicillin sodium inj 125mg</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
<i>ampicillin sodium inj 250mg</i>	1	
<i>ampicillin sodium inj 250mg</i>	1	
<i>ampicillin sodium inj 250mg</i>	1	
<i>ampicillin sodium inj 250mg</i>	1	
<i>ampicillin sodium inj 250mg</i>	1	
<i>ampicillin sodium inj 250mg</i>	1	
<i>ampicillin sodium inj 250mg</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 500mg</i>	1	
<i>ampicillin sodium inj 500mg</i>	1	
<i>ampicillin sodium inj 500mg</i>	1	
<i>ampicillin sodium inj 500mg</i>	1	
<i>ampicillin sodium inj 500mg</i>	1	
<i>ampicillin sodium inj 500mg</i>	1	
<i>ampicillin sodium inj 500mg</i>	1	
<i>ampicillin sodium inj 500mg</i>	1	
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	1	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin caps 500mg</i>	1	
ARIKAYCE SUSP 590MG/8.4ML	4	QL (8.4 ML per 1 days) PA
<i>azithromycin inj 500mg</i>	1	
<i>azithromycin susr 100mg/5ml</i>	1	
<i>azithromycin susr 200mg/5ml</i>	1	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	1	
<i>aztreonam inj 1gm</i>	1	
<i>aztreonam inj 2gm</i>	1	
BICILLIN L-A INJ 1200000UNIT/2ML	3	
BICILLIN L-A INJ 2400000UNIT/4ML	3	
BICILLIN L-A INJ 600000UNIT/ML	3	
CAYSTON SOLR 75MG	4	QL (84 ML per 28 days) PA LA
<i>cefaclor caps 250mg</i>	1	
<i>cefaclor caps 500mg</i>	1	
<i>cefaclor susr 125mg/5ml</i>	1	
<i>cefaclor susr 250mg/5ml</i>	1	
<i>cefaclor susr 375mg/5ml</i>	1	
<i>cefadroxil caps 500mg</i>	1	
<i>cefadroxil susr 250mg/5ml</i>	1	
<i>cefadroxil susr 500mg/5ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil tabs 1gm</i>	1	
<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	1	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	1	
<i>cefazolin sodium inj 100gm</i>	1	
<i>cefazolin sodium inj 10gm</i>	1	
<i>cefazolin sodium inj 1gm/50ml; 4%</i>	1	
<i>cefazolin sodium inj 1gm</i>	1	
<i>cefazolin sodium inj 1gm</i>	1	
<i>cefazolin sodium inj 300gm</i>	1	
<i>cefazolin sodium inj 500mg</i>	1	
<i>cefazolin inj 3gm</i>	1	
<i>cefdinir caps 300mg</i>	1	
<i>cefdinir susr 125mg/5ml</i>	1	
<i>cefdinir susr 250mg/5ml</i>	1	
<i>cefepime hydrochloride inj 1gm</i>	1	
<i>cefepime hydrochloride inj 2gm</i>	1	
<i>cefepime hydrochloride inj 2gm</i>	1	
<i>cefepime/dextrose inj 1gm/50ml; 5%</i>	1	
<i>cefepime/dextrose inj 2gm/50ml; 5%</i>	1	
<i>cefepime inj 1gm</i>	1	
<i>cefepime inj 2gm/100ml</i>	1	
<i>cefepime inj 2gm</i>	1	
<i>cefixime caps 400mg</i>	1	
<i>cefixime susr 100mg/5ml</i>	1	
<i>cefixime susr 200mg/5ml</i>	1	
CEFOTAXIME SODIUM INJ 1GM	1	
<i>cefoxitin sodium inj 10gm</i>	1	
<i>cefoxitin sodium inj 1gm</i>	1	
<i>cefoxitin sodium inj 1gm; 4%</i>	3	
<i>cefoxitin sodium inj 2gm</i>	1	
<i>cefoxitin sodium inj 2gm; 2.2%</i>	3	
<i>cefpodoxime proxetil susr 100mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	1	
<i>cefpodoxime proxetil tabs 100mg</i>	1	
<i>cefpodoxime proxetil tabs 200mg</i>	1	
<i>cefprozil susr 125mg/5ml</i>	1	
<i>cefprozil susr 250mg/5ml</i>	1	
<i>cefprozil tabs 250mg</i>	1	
<i>cefprozil tabs 500mg</i>	1	
<i>ceftazidime/dextrose inj 1gm/50ml; 5%</i>	1	
<i>ceftazidime/dextrose inj 2gm/50ml; 5%</i>	1	
<i>ceftazidime inj 1gm</i>	1	
<i>ceftazidime inj 2gm</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime inj 6gm</i>	1	
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	1	
<i>ceftriaxone in iso-osmotic dextrose inj 40mg/ml; 0</i>	1	
<i>ceftriaxone sodium inj 10gm</i>	1	
<i>ceftriaxone sodium inj 1gm</i>	1	
<i>ceftriaxone sodium inj 1gm</i>	1	
<i>ceftriaxone sodium inj 250mg</i>	1	
<i>ceftriaxone sodium inj 2gm</i>	1	
<i>ceftriaxone sodium inj 2gm</i>	1	
<i>ceftriaxone sodium inj 500mg</i>	1	
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	1	
<i>ceftriaxone/dextrose inj 2gm; 2.22%</i>	1	
<i>cefuroxime axetil tabs 250mg</i>	1	
<i>cefuroxime axetil tabs 500mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	1	
<i>cefuroxime sodium inj 750mg</i>	1	
<i>cephalexin caps 250mg</i>	1	
<i>cephalexin caps 500mg</i>	1	
<i>cephalexin caps 750mg</i>	1	
<i>cephalexin susr 125mg/5ml</i>	1	
<i>cephalexin susr 250mg/5ml</i>	1	
<i>chloramphenicol sodium succinate inj 1gm</i>	1	
<i>ciprofloxacin hcl tabs 100mg</i>	1	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 500mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 750mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	
<i>ciprofloxacin susr 500mg/5ml</i>	1	
<i>clarithromycin er tb24 500mg</i>	1	
<i>clarithromycin susr 125mg/5ml</i>	1	
<i>clarithromycin susr 250mg/5ml</i>	1	
<i>clarithromycin tabs 250mg</i>	1	
<i>clarithromycin tabs 500mg</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hcl caps 75mg</i>	1	
<i>clindamycin hydrochloride caps 150mg</i>	1	
<i>clindamycin hydrochloride caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 75mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w inj 300mg/50ml; 5%</i>	1	
<i>clindamycin phosphate in d5w inj 600mg/50ml; 5%</i>	1	
<i>clindamycin phosphate in d5w inj 900mg/50ml; 5%</i>	1	
<i>clindamycin phosphate/dextrose inj 300mg/50ml; 5%</i>	1	
<i>clindamycin phosphate/dextrose inj 600mg/50ml; 5%</i>	1	
<i>clindamycin phosphate/dextrose inj 900mg/50ml; 5%</i>	1	
<i>clindamycin phosphate inj 300mg/2ml</i>	1	
<i>clindamycin phosphate inj 600mg/4ml</i>	1	
<i>clindamycin phosphate inj 600mg/4ml</i>	1	
<i>clindamycin phosphate inj 900mg/6ml</i>	1	
<i>clindamycin phosphate inj 900mg/6ml</i>	1	
<i>clindamycin phosphate inj 9gm/60ml</i>	1	
<i>colistimethate sodium inj 150mg</i>	4	
<i>daptomycin inj 350mg</i>	4	
<i>daptomycin inj 500mg</i>	4	
<i>dicloxacillin sodium caps 250mg</i>	1	
<i>dicloxacillin sodium caps 500mg</i>	1	
DIFICID SUSR 40MG/ML	4	QL (10 ML per 1 days) PA
DIFICID TABS 200MG	4	QL (2 EA per 1 days) PA
<i>doxy 100 inj 100mg</i>	1	
<i>doxycycline hyclate caps 100mg</i>	1	
<i>doxycycline hyclate caps 50mg</i>	1	
<i>doxycycline hyclate inj 100mg</i>	1	
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg</i>	1	
<i>doxycycline monohydrate caps 150mg</i>	1	
<i>doxycycline monohydrate caps 75mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 50mg</i>	1	
<i>doxycycline monohydrate tabs 75mg</i>	1	
<i>doxycycline susr 25mg/5ml</i>	1	
E.E.S. 400 TABS 400MG	3	
<i>ertapenem sodium inj 1gm</i>	1	
<i>ertapenem inj 1gm</i>	1	
<i>ery-tab tbec 250mg</i>	1	
<i>ery-tab tbec 333mg</i>	1	
<i>ery-tab tbec 500mg</i>	1	
<i>erythrocin lactobionate inj 500mg</i>	1	
<i>erythrocin stearate tabs 250mg</i>	3	
<i>erythromycin base tabs 250mg</i>	1	
<i>erythromycin base tabs 500mg</i>	1	
<i>erythromycin dr tbec 250mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin dr tbec 333mg</i>	1	
<i>erythromycin dr tbec 500mg</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400mg</i>	1	
<i>erythromycin lactobionate inj 500mg</i>	1	
<i>erythromycin cpep 250mg</i>	1	
<i>erythromycin tabs 250mg</i>	1	
<i>erythromycin tabs 500mg</i>	1	
FIRVANQ SOLR 50MG/ML	3	
<i>gentamicin sulfate pediatric inj 10mg/ml</i>	1	
<i>gentamicin sulfate pediatric inj 10mg/ml</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	1	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	1	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	1	
<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg</i>	1	
<i>levofloxacin tabs 500mg</i>	1	
<i>levofloxacin tabs 750mg</i>	1	
<i>lincomycin hcl inj 300mg/ml</i>	1	
<i>linezolid inj 600mg/300ml</i>	1	
<i>linezolid susr 100mg/5ml</i>	4	
<i>linezolid tabs 600mg</i>	1	
<i>meropenem/sodium chloride inj 1gm/50ml; 0.9%</i>	3	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	3	
<i>meropenem inj 1gm</i>	1	
MEROPENEM INJ 2GM	3	
<i>meropenem inj 500mg</i>	1	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs 100mg</i>	1	
<i>minocycline hcl tabs 50mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl tabs 75mg</i>	1	
<i>minocycline hydrochloride caps 100mg</i>	1	
<i>minocycline hydrochloride caps 50mg</i>	1	
<i>minocycline hydrochloride caps 75mg</i>	1	
<i>minocycline hydrochloride tabs 100mg</i>	1	
<i>minocycline hydrochloride tabs 50mg</i>	1	
<i>minocycline hydrochloride tabs 75mg</i>	1	
<i>mondoxyne nl caps 100mg</i>	1	
<i>mondoxyne nl caps 75mg</i>	1	
<i>morgidox 1x100mg caps 100mg</i>	1	
<i>morgidox 2x100mg caps 100mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%</i>	1	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	3	
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	
<i>nafcillin sodium inj 10gm</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 1gm</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	
NAFCILLIN INJ 5%; 1GM/50ML	3	
NAFCILLIN INJ 5%; 2GM/100ML	3	
<i>neomycin sulfate tabs 500mg</i>	1	
OXACILLIN SODIUM INJ 1.5GM/50ML; 1GM/50ML	3	
<i>oxacillin sodium inj 10gm</i>	1	
<i>oxacillin sodium inj 1gm</i>	1	
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 20000UNIT/ML	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 60000UNIT/ML	3	
<i>penicillin g potassium inj 20000000unit</i>	1	
<i>penicillin g potassium inj 5000000unit</i>	1	
<i>penicillin g sodium inj 5000000unit</i>	4	
<i>penicillin v potassium solr 125mg/5ml</i>	1	
<i>penicillin v potassium solr 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 36gm; 4.5gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	1	
SIVEXTRO INJ 200MG	4	
SIVEXTRO TABS 200MG	4	
<i>streptomycin sulfate inj 1gm</i>	4	
<i>sulfadiazine tabs 500mg</i>	1	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
<i>sulfasalazine tabs 500mg</i>	1	MO
<i>sulfasalazine tbec 500mg</i>	1	MO
<i>suprax chew 100mg</i>	3	
<i>suprax chew 200mg</i>	3	
SUPRAX SUSR 500MG/5ML	3	
SYNERCID INJ 350MG; 150MG	4	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
TEFLARO INJ 400MG	4	
TEFLARO INJ 600MG	4	
<i>tetracycline hydrochloride caps 250mg</i>	1	
<i>tetracycline hydrochloride caps 500mg</i>	1	
<i>tigecycline inj 50mg</i>	4	PA
<i>tobramycin sulfate inj 1.2gm/30ml</i>	1	
<i>tobramycin sulfate inj 1.2gm</i>	1	
<i>tobramycin sulfate inj 10mg/ml</i>	1	
<i>tobramycin sulfate inj 40mg/ml</i>	1	
<i>tobramycin sulfate inj 80mg/2ml</i>	1	
<i>tobramycin nebu 300mg/5ml</i>	4	QL (280 ML per 56 days) B/D
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	1	
<i>vancomycin hcl inj 10gm</i>	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 1GM/200ML	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 500MG/100ML	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 750MG/150ML	1	
<i>vancomycin hydrochloride caps 125mg</i>	1	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hydrochloride caps 250mg</i>	1	QL (240 EA per 30 days)
<i>vancomycin hydrochloride inj 1000mg/200ml</i>	1	
<i>vancomycin hydrochloride inj 1000mg/200ml</i>	1	
<i>vancomycin hydrochloride inj 10gm</i>	1	
<i>vancomycin hydrochloride inj 1500mg/300ml</i>	1	
<i>vancomycin hydrochloride inj 1500mg/300ml</i>	1	
<i>vancomycin hydrochloride inj 1gm</i>	1	
<i>vancomycin hydrochloride inj 250mg</i>	1	
<i>vancomycin hydrochloride inj 500mg/100ml</i>	1	
<i>vancomycin hydrochloride inj 500mg</i>	1	
<i>vancomycin hydrochloride inj 5gm</i>	1	
<i>vancomycin hydrochloride inj 750mg</i>	1	
<i>vancomycin hydrochloride solr 250mg/5ml</i>	1	
<i>vancomycin hydrochloride solr 25mg/ml</i>	1	
VANCOMYCIN INJ 0.9%; 500MG/100ML	1	
VANCOMYCIN INJ 0.9%; 750MG/150ML	1	
<i>vancomycin inj 2000mg/400ml</i>	1	
XENLETA INJ 150MG/15ML	4	PA
XENLETA TABS 600MG	4	QL (2 EA per 1 days) PA
XIFAXAN TABS 550MG	4	MO
ZERBAXA INJ 1GM; 0.5GM	4	
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML	3	
ZOSYN INJ 5%; 3GM/50ML; 0.375GM/50ML	3	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	3	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	3	
Antifungals		
ABELCET INJ 5MG/ML	3	B/D
<i>amphotericin b liposome inj 50mg</i>	1	B/D
<i>amphotericin b inj 50mg</i>	1	B/D
<i>casprofungin acetate inj 50mg</i>	4	
<i>casprofungin acetate inj 70mg</i>	1	
CRESEMBA CAPS 186MG	4	PA
CRESEMBA INJ 372MG	4	PA
ERAXIS INJ 100MG	4	
ERAXIS INJ 50MG	4	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	1	
<i>fluconazole in nacl inj 400mg/200ml; 0.9%</i>	1	
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%</i>	1	
<i>fluconazole in sodium chloride inj 400mg/200ml; 0.9%</i>	1	
<i>fluconazole susr 10mg/ml</i>	1	
<i>fluconazole susr 40mg/ml</i>	1	
<i>fluconazole tabs 100mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tabs 200mg</i>	1	
<i>fluconazole tabs 50mg</i>	1	
<i>flucytosine caps 250mg</i>	4	
<i>flucytosine caps 500mg</i>	4	
<i>griseofulvin microsize susp 125mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg</i>	1	
<i>griseofulvin ultramicrosize tabs 250mg</i>	1	
<i>itraconazole caps 100mg</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
<i>micafungin/sodium chloride inj 100mg/100ml; 0.9%</i>	4	
<i>micafungin/sodium chloride inj 50mg/50ml; 0.9%</i>	4	
<i>micafungin inj 100mg</i>	4	
<i>micafungin inj 50mg</i>	4	
NOXAFIL INJ 300MG/16.7ML	3	PA MO
NOXAFIL PACK 300MG	4	PA
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>posaconazole dr tbec 100mg</i>	4	PA MO
<i>posaconazole inj 300mg/16.7ml</i>	1	PA MO
<i>posaconazole susp 40mg/ml</i>	4	PA MO
<i>terbinafine hcl tabs 250mg</i>	1	
<i>terbinafine hydrochloride tabs 250mg</i>	1	
<i>voriconazole inj 200mg</i>	4	PA
<i>voriconazole susr 40mg/ml</i>	4	
<i>voriconazole tabs 200mg</i>	1	
<i>voriconazole tabs 50mg</i>	1	
Antimycobacterials		
CAPASTAT SULFATE INJ 1GM	3	
<i>cycloserine caps 250mg</i>	4	
<i>dapsone tabs 100mg</i>	1	MO
<i>dapsone tabs 25mg</i>	1	MO
<i>ethambutol hydrochloride tabs 100mg</i>	1	
<i>ethambutol hydrochloride tabs 400mg</i>	1	
<i>isoniazid inj 100mg/ml</i>	1	
<i>isoniazid syrp 50mg/5ml</i>	1	MO
<i>isoniazid tabs 100mg</i>	1	MO
<i>isoniazid tabs 300mg</i>	1	MO
PRETOMANID TABS 200MG	1	QL (1 EA per 1 days) PA
PRIFTIN TABS 150MG	3	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	1	
<i>rifampin caps 150mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin caps 300mg</i>	1	
<i>rifampin inj 600mg</i>	1	
SIRTURO TABS 100MG	4	PA
SIRTURO TABS 20MG	4	PA
TRECTOR TABS 250MG	3	
Antiprotozoals		
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	1	
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	1	
<i>atovaquone susp 750mg/5ml</i>	1	
BENZNIDAZOLE TABS 100MG	2	PA
BENZNIDAZOLE TABS 12.5MG	2	PA
<i>chloroquine phosphate tabs 250mg</i>	1	MO
<i>chloroquine phosphate tabs 500mg</i>	1	MO
COARTEM TABS 20MG; 120MG	3	
DARAPRIM TABS 25MG	4	LA
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	MO
IMPAVIDO CAPS 50MG	4	QL (3 EA per 1 days) PA
KRINTAFEL TABS 150MG	3	QL (4 EA per 180 days)
LAMPIT TABS 120MG	3	PA
LAMPIT TABS 30MG	3	PA
<i>mefloquine hcl tabs 250mg</i>	1	MO
<i>metronidazole inj 500mg/100ml</i>	1	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	1	
<i>nitazoxanide tabs 500mg</i>	1	PA
<i>paromomycin sulfate caps 250mg</i>	1	
PENTAM 300 INJ 300MG	2	
<i>pentamidine isethionate inj 300mg</i>	1	
<i>pentamidine isethionate solr 300mg</i>	1	B/D
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>pyrimethamine tabs 25mg</i>	4	
<i>quinine sulfate caps 324mg</i>	1	QL (42 EA per 30 days) PA
<i>tinidazole tabs 250mg</i>	1	
<i>tinidazole tabs 500mg</i>	1	
Antivirals		
<i>abacavir sulfate/lamivudine/zidovudine tabs 300mg; 150mg; 300mg</i>	4	MO
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	1	MO
<i>abacavir sulfate tabs 300mg</i>	1	MO
<i>abacavir soln 20mg/ml</i>	1	MO
<i>abacavir tabs 300mg</i>	1	MO
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps 200mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir susp 200mg/5ml</i>	1	
<i>acyclovir tabs 400mg</i>	1	
<i>acyclovir tabs 800mg</i>	1	
<i>adefovir dipivoxil tabs 10mg</i>	1	QL (1 EA per 1 days) MO
APTIVUS CAPS 250MG	4	MO
<i>atazanavir sulfate caps 150mg</i>	1	MO
<i>atazanavir sulfate caps 200mg</i>	1	MO
<i>atazanavir sulfate caps 300mg</i>	1	MO
<i>atazanavir caps 150mg</i>	1	MO
<i>atazanavir caps 200mg</i>	1	MO
BARACLUDE SOLN 0.05MG/ML	3	MO
BEYFORTUS INJ 100MG/ML	2	QL (1 ML per 365 days)
BEYFORTUS INJ 50MG/0.5ML	2	QL (2 ML per 365 days)
BIKTARVY TABS 30MG; 120MG; 15MG	4	QL (1 EA per 1 days)
BIKTARVY TABS 50MG; 200MG; 25MG	4	QL (1 EA per 1 days) MO
<i>cidofovir inj 75mg/ml</i>	4	
CIMDUO TABS 300MG; 300MG	4	QL (1 EA per 1 days) MO
COMPLERA TABS 200MG; 25MG; 300MG	4	MO
<i>darunavir tabs 600mg</i>	1	MO
<i>darunavir tabs 800mg</i>	1	MO
DELSTRIGO TABS 100MG; 300MG; 300MG	4	QL (1 EA per 1 days) MO
DESCOVY TABS 120MG; 15MG	4	QL (1 EA per 1 days) MO
DESCOVY TABS 200MG; 25MG	4	QL (1 EA per 1 days) MO
DOVATO TABS 50MG; 300MG	4	QL (1 EA per 1 days) MO
EDURANT TABS 25MG	4	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	1	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg</i>	4	QL (1 EA per 1 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg</i>	4	QL (1 EA per 1 days) MO
<i>efavirenz caps 200mg</i>	1	MO
<i>efavirenz caps 50mg</i>	1	MO
<i>efavirenz tabs 600mg</i>	1	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	1	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	1	MO
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine caps 200mg</i>	1	MO
EMTRIVA SOLN 10MG/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>entecavir tabs 0.5mg</i>	1	MO
<i>entecavir tabs 1mg</i>	1	MO
EPCLUSA PACK 150MG; 37.5MG	4	QL (1 EA per 1 days) PA
EPCLUSA PACK 200MG; 50MG	4	QL (1 EA per 1 days) PA
EPCLUSA TABS 200MG; 50MG	4	QL (2 EA per 1 days) PA
EPIVIR HBV SOLN 5MG/ML	3	MO
<i>etravirine tabs 100mg</i>	1	MO
<i>etravirine tabs 200mg</i>	4	MO
EVOTAZ TABS 300MG; 150MG	4	MO
<i>famciclovir tabs 125mg</i>	1	
<i>famciclovir tabs 250mg</i>	1	
<i>famciclovir tabs 500mg</i>	1	
<i>fosamprenavir calcium tabs 700mg</i>	4	
FUZEON INJ 90MG	4	MO
<i>ganciclovir inj 500mg</i>	1	B/D
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	4	QL (1 EA per 1 days) MO
INTELENCE TABS 25MG	3	MO
ISENTRESS HD TABS 600MG	4	MO
ISENTRESS CHEW 100MG	4	MO
ISENTRESS CHEW 25MG	2	MO
ISENTRESS PACK 100MG	4	MO
ISENTRESS TABS 400MG	4	MO
JULUCA TABS 50MG; 25MG	4	QL (1 EA per 1 days) MO
LAGEVRIO CAPS 200MG	2	QL (40 EA per 5 days)
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	1	MO
<i>lamivudine soln 10mg/ml</i>	1	MO
<i>lamivudine tabs 100mg</i>	1	MO
<i>lamivudine tabs 150mg</i>	1	MO
<i>lamivudine tabs 300mg</i>	1	MO
LEXIVA SUSP 50MG/ML	3	MO
LIVTENCITY TABS 200MG	4	QL (12 EA per 1 days) PA
<i>lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml</i>	1	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	1	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	1	MO
<i>maraviroc tabs 150mg</i>	4	QL (2 EA per 1 days) MO
<i>maraviroc tabs 300mg</i>	4	QL (4 EA per 1 days) MO
MAVYRET PACK 50MG; 20MG	4	QL (6 EA per 1 days) PA
MAVYRET TABS 100MG; 40MG	4	QL (3 EA per 1 days) PA
<i>nevirapine er tb24 100mg</i>	1	MO
<i>nevirapine er tb24 400mg</i>	1	MO
<i>nevirapine susp 50mg/5ml</i>	1	MO
<i>nevirapine tabs 200mg</i>	1	MO
NORVIR PACK 100MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NORVIR SOLN 80MG/ML	3	MO
ODEFSEY TABS 200MG; 25MG; 25MG	4	QL (1 EA per 1 days) MO
<i>oseltamivir phosphate caps 30mg</i>	1	
<i>oseltamivir phosphate caps 45mg</i>	1	
<i>oseltamivir phosphate caps 75mg</i>	1	
<i>oseltamivir phosphate susr 6mg/ml</i>	1	
PAXLOVID TBPK 150MG; 100MG	2	QL (20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	2	QL (30 EA per 5 days)
PEGASYS INJ 180MCG/0.5ML	4	QL (4 ML per 28 days) PA
PEGASYS INJ 180MCG/ML	4	QL (4 ML per 28 days) PA
PIFELTRO TABS 100MG	4	QL (1 EA per 1 days) MO
PLEGRIDY STARTER PACK INJ 0	3	QL (1 ML per 180 days)
PLEGRIDY STARTER PACK INJ 0	3	QL (1 ML per 180 days)
PLEGRIDY INJ 125MCG/0.5ML	3	QL (1 ML per 28 days) MO
PLEGRIDY INJ 125MCG/0.5ML	3	QL (1 ML per 28 days) MO
PREVYMIS INJ 240MG/12ML	4	PA
PREVYMIS INJ 480MG/24ML	4	PA
PREVYMIS TABS 240MG	4	QL (1 EA per 1 days) PA
PREVYMIS TABS 480MG	4	QL (1 EA per 1 days) PA
PREZCOBIX TABS 150MG; 800MG	4	MO
PREZISTA SUSP 100MG/ML	4	MO
PREZISTA TABS 150MG	3	MO
PREZISTA TABS 75MG	3	MO
RELENZA DISKHALER AEPB 5MG/BLISTER	3	QL (120 EA per 365 days)
RETROVIR IV INFUSION INJ 10MG/ML	3	
REYATAZ PACK 50MG	4	MO
<i>ribavirin caps 200mg</i>	1	PA
<i>ribavirin tabs 200mg</i>	1	PA
<i>rimantadine hydrochloride tabs 100mg</i>	1	
<i>ritonavir tabs 100mg</i>	1	MO
RUKOBIA TB12 600MG	4	
SELZENTRY SOLN 20MG/ML	4	MO
SELZENTRY TABS 25MG	3	QL (4 EA per 1 days) MO
SELZENTRY TABS 75MG	4	QL (8 EA per 1 days) MO
SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG	4	QL (1 EA per 1 days) PA
<i>stavudine caps 15mg</i>	1	
<i>stavudine caps 20mg</i>	1	
<i>stavudine caps 30mg</i>	1	
<i>stavudine caps 40mg</i>	1	
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	4	MO
SUNLENCA INJ 463.5MG/1.5ML	4	QL (3 ML per 180 days)
SUNLENCA TBPK 300MG	4	QL (4 EA per 180 days)
SUNLENCA TBPK 300MG	4	QL (5 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	4	QL (1 EA per 1 days) MO
SYNAGIS INJ 100MG/ML	4	PA
SYNAGIS INJ 50MG/0.5ML	4	PA
<i>temixys tabs 300mg; 300mg</i>	4	QL (1 EA per 1 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	MO
TIVICAY PD TBSO 5MG	3	QL (6 EA per 1 days) MO
TIVICAY TABS 10MG	3	QL (1 EA per 1 days) MO
TIVICAY TABS 25MG	4	QL (1 EA per 1 days) MO
TIVICAY TABS 50MG	4	QL (2 EA per 1 days) MO
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	4	QL (6 EA per 1 days) MO
TRIUMEQ TABS 600MG; 50MG; 300MG	4	MO
TRIZIVIR TABS 300MG; 150MG; 300MG	4	MO
<i>valacyclovir hydrochloride tabs 1gm</i>	1	
<i>valacyclovir hydrochloride tabs 500mg</i>	1	
<i>valganciclovir hydrochloride solr 50mg/ml</i>	4	MO
<i>valganciclovir tabs 450mg</i>	1	MO
VIRACEPT TABS 250MG	4	MO
VIRACEPT TABS 625MG	4	MO
VIREAD POWD 40MG/GM	4	MO
VIREAD TABS 150MG	4	MO
VIREAD TABS 200MG	4	MO
VIREAD TABS 250MG	4	MO
VOSEVI TABS 400MG; 100MG; 100MG	4	QL (1 EA per 1 days) PA
<i>zidovudine caps 100mg</i>	1	MO
<i>zidovudine syrp 50mg/5ml</i>	1	MO
<i>zidovudine tabs 300mg</i>	1	MO
Urinary Anti-infectives		
<i>fosfomycin tromethamine pack 3gm</i>	1	
<i>methenamine hippurate tabs 1gm</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 25mg</i>	1	
<i>nitrofurantoin macrocrystals caps 50mg</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin monohydrate caps 100mg</i>	1	
<i>trimethoprim tabs 100mg</i>	1	
Antihistamine Drugs		
First Generation Antihistamines		
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>diphenhydramine hcl inj 50mg/ml</i>	1	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	1	
<i>promethazine hcl inj 25mg/ml</i>	1	
<i>promethazine hcl inj 50mg/ml</i>	1	
<i>promethazine hcl supp 12.5mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl supp 25mg</i>	1	
<i>promethazine hcl tabs 12.5mg</i>	1	
<i>promethazine hcl tabs 50mg</i>	1	
<i>promethazine hydrochloride plain soln 6.25mg/5ml</i>	1	
<i>promethazine hydrochloride inj 25mg/ml</i>	1	
<i>promethazine hydrochloride soln 6.25mg/5ml</i>	1	
<i>promethazine hydrochloride tabs 12.5mg</i>	1	
<i>promethazine hydrochloride tabs 25mg</i>	1	
<i>promethazine hydrochloride tabs 50mg</i>	1	
<i>promethazine vc syrp 5mg/5ml; 6.25mg/5ml</i>	1	
<i>promethazine/phenylephrine syrp 5mg/5ml; 6.25mg/5ml</i>	1	
Second Generation Antihistamines		
<i>desloratadine tabs 5mg</i>	1	QL (1 EA per 1 days)
<i>levocetirizine dihydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days)
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate tabs 250mg</i>	1	QL (4 EA per 1 days) PA
<i>abiraterone acetate tabs 500mg</i>	4	QL (2 EA per 1 days) PA
ABRAXANE INJ 900MG; 100MG	4	PA
<i>adriamycin inj 10mg</i>	1	PA
<i>adriamycin inj 2mg/ml</i>	1	PA
AKEEGA TABS 500MG; 100MG	4	QL (2 EA per 1 days) PA
AKEEGA TABS 500MG; 50MG	4	QL (1 EA per 1 days) PA
ALECENSA CAPS 150MG	4	QL (8 EA per 1 days) PA
ALIQOPA INJ 60MG	4	PA
ALUNBRIG TABS 180MG	4	QL (1 EA per 1 days) PA
ALUNBRIG TABS 30MG	4	QL (6 EA per 1 days) PA
ALUNBRIG TABS 90MG	4	QL (1 EA per 1 days) PA
ALUNBRIG TBPK 0	4	QL (30 EA per 180 days) PA
<i>arsenic trioxide inj 10mg/10ml</i>	1	
<i>arsenic trioxide inj 12mg/6ml</i>	1	
AUGTYRO CAPS 40MG	4	QL (8 EA per 1 days) PA
AVASTIN INJ 100MG/4ML	4	PA
AVASTIN INJ 400MG/16ML	4	PA
AYVAKIT TABS 100MG	4	QL (1 EA per 1 days) PA
AYVAKIT TABS 200MG	4	QL (1 EA per 1 days) PA
AYVAKIT TABS 25MG	4	QL (1 EA per 1 days) PA
AYVAKIT TABS 300MG	4	QL (1 EA per 1 days) PA
AYVAKIT TABS 50MG	4	QL (1 EA per 1 days) PA
<i>azacitidine inj 100mg</i>	4	
BALVERSA TABS 3MG	4	QL (3 EA per 1 days) PA
BALVERSA TABS 4MG	4	QL (2 EA per 1 days) PA
BALVERSA TABS 5MG	4	QL (1 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits
BAVENCIO INJ 200MG/10ML	4	PA
BELEODAQ INJ 500MG	4	PA
<i>bendamustine hydrochloride inj 100mg</i>	4	PA
<i>bendamustine hydrochloride inj 25mg</i>	4	PA
BESREMI INJ 500MCG/ML	4	QL (2 ML per 28 days) PA
<i>bexarotene caps 75mg</i>	4	PA
<i>bicalutamide tabs 50mg</i>	1	
<i>bleomycin sulfate inj 30unit</i>	1	B/D
<i>bleomycin sulfate inj 30unit</i>	1	B/D
<i>bortezomib inj 3.5mg</i>	4	PA
<i>bortezomib inj 3.5mg</i>	4	PA
BORTEZOMIB INJ 3.5MG	4	PA
BOSULIF CAPS 100MG	4	PA
BOSULIF CAPS 50MG	4	PA
BOSULIF TABS 100MG	4	PA
BOSULIF TABS 400MG	4	PA
BOSULIF TABS 500MG	4	PA
BRAFTOVI CAPS 75MG	4	QL (6 EA per 1 days) PA
BRUKINSA CAPS 80MG	4	QL (4 EA per 1 days) PA
<i>busulfan inj 6mg/ml</i>	4	PA
CABOMETYX TABS 20MG	4	QL (1 EA per 1 days) PA LA
CABOMETYX TABS 40MG	4	QL (1 EA per 1 days) PA LA
CABOMETYX TABS 60MG	4	QL (1 EA per 1 days) PA LA
CALQUENCE CAPS 100MG	4	QL (2 EA per 1 days) PA
CALQUENCE TABS 100MG	4	QL (2 EA per 1 days) PA
CAPRELSA TABS 100MG	4	QL (2 EA per 1 days) PA LA
CAPRELSA TABS 300MG	4	QL (1 EA per 1 days) PA LA
<i>carboplatin inj 150mg/15ml</i>	1	
<i>carboplatin inj 450mg/45ml</i>	1	
<i>carboplatin inj 50mg/5ml</i>	1	
<i>carboplatin inj 600mg/60ml</i>	1	
<i>carmustine inj 100mg</i>	4	PA
<i>cisplatin inj 100mg/100ml</i>	1	
<i>cisplatin inj 200mg/200ml</i>	1	
<i>cisplatin inj 50mg/50ml</i>	1	
<i>cladribine inj 10mg/10ml</i>	1	B/D
<i>clofarabine inj 1mg/ml</i>	4	PA
COMETRIQ KIT 0	4	PA
COMETRIQ KIT 0	4	PA
COMETRIQ KIT 20MG	4	PA
COPIKTRA CAPS 15MG	4	QL (2 EA per 1 days) PA
COPIKTRA CAPS 25MG	4	QL (2 EA per 1 days) PA
COTELLIC TABS 20MG	4	QL (63 EA per 28 days) PA

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide caps 25mg</i>	1	B/D
<i>cyclophosphamide caps 50mg</i>	1	B/D
CYCLOPHOSPHAMIDE TABS 25MG	3	B/D
CYCLOPHOSPHAMIDE TABS 50MG	3	B/D
CYRAMZA INJ 100MG/10ML	4	PA
CYRAMZA INJ 500MG/50ML	4	PA
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine inj 100mg/ml</i>	1	B/D
<i>cytarabine inj 100mg/ml</i>	1	B/D
<i>cytarabine inj 20mg/ml</i>	1	B/D
<i>dacarbazine inj 200mg</i>	1	PA
<i>dactinomycin inj 0.5mg</i>	4	PA
DARZALEX FASPRO INJ 1800MG/15ML; 30000UNIT/15ML	4	PA
DARZALEX INJ 100MG/5ML	4	PA
DARZALEX INJ 400MG/20ML	4	PA
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	1	PA
DAURISMO TABS 100MG	4	QL (1 EA per 1 days) PA
DAURISMO TABS 25MG	4	QL (3 EA per 1 days) PA
<i>decitabine inj 50mg</i>	4	
<i>docetaxel inj 160mg/16ml</i>	1	PA
<i>docetaxel inj 160mg/8ml</i>	1	PA
<i>docetaxel inj 160mg/8ml</i>	1	PA
<i>docetaxel inj 20mg/2ml</i>	1	PA
<i>docetaxel inj 20mg/ml</i>	1	PA
<i>docetaxel inj 80mg/4ml</i>	1	PA
<i>docetaxel inj 80mg/8ml</i>	1	PA
<i>doxorubicin hcl inj 2mg/ml</i>	1	PA
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	1	PA
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	1	PA
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	1	PA
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	1	PA
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	1	PA
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	1	PA
<i>doxorubicin hydrochloride inj 10mg</i>	1	PA
DROXIA CAPS 200MG	3	MO
DROXIA CAPS 300MG	3	MO
DROXIA CAPS 400MG	3	MO
EMCYT CAPS 140MG	4	
EMPLICITI INJ 300MG	4	PA
EMPLICITI INJ 400MG	4	PA
<i>epirubicin hcl inj 200mg/100ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ERBITUX INJ 100MG/50ML	4	PA
<i>eribulin mesylate inj 1mg/2ml</i>	4	PA
ERIVEDGE CAPS 150MG	4	PA LA
ERLEADA TABS 240MG	4	QL (1 EA per 1 days) PA
ERLEADA TABS 60MG	4	QL (4 EA per 1 days) PA
<i>erlotinib hydrochloride tabs 100mg</i>	1	QL (1 EA per 1 days) PA
<i>erlotinib hydrochloride tabs 150mg</i>	4	QL (1 EA per 1 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	1	QL (1 EA per 1 days) PA
ERWINASE INJ 10000UNIT	4	PA
<i>etoposide inj 100mg/5ml</i>	1	
<i>etoposide inj 1gm/50ml</i>	1	
<i>etoposide inj 1gm/50ml</i>	1	
<i>etoposide inj 500mg/25ml</i>	1	
<i>everolimus tabs 10mg</i>	4	QL (1 EA per 1 days) PA
<i>everolimus tabs 2.5mg</i>	4	QL (1 EA per 1 days) PA MO
<i>everolimus tabs 5mg</i>	4	QL (1 EA per 1 days) PA MO
<i>everolimus tabs 7.5mg</i>	4	QL (1 EA per 1 days) PA MO
<i>everolimus tbso 2mg</i>	4	PA
<i>everolimus tbso 3mg</i>	4	PA
<i>everolimus tbso 5mg</i>	4	PA
EXKIVITY CAPS 40MG	4	QL (4 EA per 1 days) PA
<i>fludarabine phosphate inj 50mg</i>	1	
<i>fluorouracil inj 1gm/20ml</i>	1	PA
<i>fluorouracil inj 1gm/20ml</i>	1	PA
<i>fluorouracil inj 1gm/20ml</i>	1	PA
<i>fluorouracil inj 1gm/20ml</i>	1	PA
<i>fluorouracil inj 1gm/20ml</i>	1	PA
<i>fluorouracil inj 1gm/20ml</i>	1	PA
<i>fluorouracil inj 2.5gm/50ml</i>	1	PA
<i>fluorouracil inj 500mg/10ml</i>	1	PA
<i>fluorouracil inj 500mg/10ml</i>	1	PA
<i>fluorouracil inj 500mg/10ml</i>	1	PA
<i>fluorouracil inj 500mg/10ml</i>	1	PA
<i>fluorouracil inj 500mg/10ml</i>	1	PA
<i>fluorouracil inj 500mg/10ml</i>	1	PA
<i>fluorouracil inj 500mg/10ml</i>	1	PA
<i>fluorouracil inj 500mg/10ml</i>	1	PA
<i>fluorouracil inj 500mg/10ml</i>	1	PA
<i>fluorouracil inj 500mg/10ml</i>	1	PA
<i>flutamide caps 125mg</i>	1	
FOLOTYN INJ 20MG/ML	4	PA
FOLOTYN INJ 40MG/2ML	4	PA
FOTIVDA CAPS 0.89MG	4	QL (21 EA per 28 days) PA
FOTIVDA CAPS 1.34MG	4	QL (21 EA per 28 days) PA
FRUZAQLA CAPS 1MG	4	QL (84 EA per 28 days) PA

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Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA CAPS 5MG	4	QL (21 EA per 28 days) PA
FULVESTRANT INJ 250MG/5ML	4	PA
GAVRETO CAPS 100MG	4	QL (4 EA per 1 days) PA
<i>gefitinib tabs 250mg</i>	1	QL (1 EA per 1 days) PA MO
<i>gemcitabine hcl inj 1gm</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 200mg</i>	1	
<i>gemcitabine hcl inj 2gm</i>	1	
<i>gemcitabine hydrochloride inj 1gm/26.3ml</i>	1	
<i>gemcitabine hydrochloride inj 1gm</i>	1	
<i>gemcitabine hydrochloride inj 200mg/2ml</i>	1	
<i>gemcitabine hydrochloride inj 200mg/5.26ml</i>	1	
<i>gemcitabine hydrochloride inj 200mg</i>	1	
<i>gemcitabine hydrochloride inj 2gm/20ml</i>	1	
<i>gemcitabine hydrochloride inj 2gm/52.6ml</i>	1	
<i>gemcitabine hydrochloride inj 2gm/52.6ml</i>	1	
GILOTRIF TABS 20MG	4	PA LA
GILOTRIF TABS 30MG	4	PA LA
GILOTRIF TABS 40MG	4	PA LA
GLEOSTINE CAPS 100MG	3	
GLEOSTINE CAPS 10MG	3	
GLEOSTINE CAPS 40MG	3	
<i>hydroxyurea caps 500mg</i>	1	
IBRANCE CAPS 100MG	4	QL (21 EA per 28 days) PA
IBRANCE CAPS 125MG	4	QL (21 EA per 28 days) PA
IBRANCE CAPS 75MG	4	QL (21 EA per 28 days) PA
IBRANCE TABS 100MG	4	QL (21 EA per 28 days) PA
IBRANCE TABS 125MG	4	QL (21 EA per 28 days) PA
IBRANCE TABS 75MG	4	QL (21 EA per 28 days) PA
ICLUSIG TABS 10MG	4	QL (1 EA per 1 days) PA
ICLUSIG TABS 15MG	4	QL (1 EA per 1 days) PA LA
ICLUSIG TABS 30MG	4	QL (1 EA per 1 days) PA
ICLUSIG TABS 45MG	4	QL (1 EA per 1 days) PA LA
<i>idarubicin hcl inj 10mg/10ml</i>	1	PA
<i>idarubicin hcl inj 20mg/20ml</i>	1	PA
<i>idarubicin hcl inj 5mg/5ml</i>	1	PA
<i>idarubicin hydrochloride inj 10mg/10ml</i>	1	PA
<i>idarubicin hydrochloride inj 20mg/20ml</i>	1	PA
<i>idarubicin hydrochloride inj 5mg/5ml</i>	1	PA
IDHIFA TABS 100MG	4	QL (1 EA per 1 days) PA
IDHIFA TABS 50MG	4	QL (1 EA per 1 days) PA
<i>ifosfamide inj 1gm</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tabs 100mg</i>	1	PA
<i>imatinib mesylate tabs 400mg</i>	1	PA
IMBRUVICA CAPS 140MG	4	QL (3 EA per 1 days) PA LA
IMBRUVICA CAPS 70MG	4	QL (1 EA per 1 days) PA LA
IMBRUVICA SUSP 70MG/ML	4	QL (8 ML per 1 days) PA
IMBRUVICA TABS 280MG	4	QL (1 EA per 1 days) PA LA
IMBRUVICA TABS 420MG	4	QL (1 EA per 1 days) PA LA
IMBRUVICA TABS 560MG	4	QL (1 EA per 1 days) PA LA
IMFINZI INJ 120MG/2.4ML	4	PA
IMFINZI INJ 500MG/10ML	4	PA
INLYTA TABS 1MG	4	PA LA
INLYTA TABS 5MG	4	PA LA
INQOVI TABS 100MG; 35MG	4	QL (5 EA per 28 days) PA
INREBIC CAPS 100MG	4	QL (4 EA per 1 days) PA
INTRON A INJ 10000000UNIT/ML	4	PA MO
INTRON A INJ 18000000UNIT	4	PA MO
INTRON A INJ 60000000UNIT/ML	4	PA MO
<i>irinotecan hydrochloride inj 100mg/5ml</i>	1	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	1	
<i>irinotecan hydrochloride inj 300mg/15ml</i>	1	
<i>irinotecan hydrochloride inj 300mg/15ml</i>	1	
<i>irinotecan hydrochloride inj 40mg/2ml</i>	1	
IWILFIN TABS 192MG	4	QL (8 EA per 1 days) PA
JAKAFI TABS 10MG	4	PA
JAKAFI TABS 15MG	4	PA
JAKAFI TABS 20MG	4	PA
JAKAFI TABS 25MG	4	PA
JAKAFI TABS 5MG	4	PA
JAYPIRCA TABS 100MG	4	QL (2 EA per 1 days) PA
JAYPIRCA TABS 50MG	4	QL (3 EA per 1 days) PA
JEVTANA INJ 60MG/1.5ML	4	PA
JYLAMVO SOLN 2MG/ML	3	B/D
<i>kemoplat inj 50mg/50ml</i>	1	
KEYTRUDA INJ 100MG/4ML	4	PA
KEYTRUDA INJ 100MG/4ML	4	PA
KISQALI TBPK 200MG	4	QL (21 EA per 28 days) PA
KISQALI TBPK 200MG	4	QL (42 EA per 28 days) PA
KISQALI TBPK 200MG	4	QL (63 EA per 28 days) PA
KOSELUGO CAPS 10MG	4	QL (4 EA per 1 days) PA
KOSELUGO CAPS 25MG	4	QL (4 EA per 1 days) PA
KRAZATI TABS 200MG	4	QL (6 EA per 1 days) PA
KYPROLIS INJ 10MG	4	PA
KYPROLIS INJ 30MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
KYPROLIS INJ 60MG	4	PA
<i>lapatinib ditosylate tabs 250mg</i>	4	QL (6 EA per 1 days) PA
<i>lenalidomide caps 10mg</i>	4	PA LA
<i>lenalidomide caps 15mg</i>	4	PA LA
<i>lenalidomide caps 2.5mg</i>	4	PA MO
<i>lenalidomide caps 20mg</i>	4	PA MO
<i>lenalidomide caps 25mg</i>	4	PA LA
<i>lenalidomide caps 5mg</i>	4	PA LA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	4	QL (1 EA per 1 days) PA
LENVIMA 12MG DAILY DOSE CPPK 4MG	4	QL (3 EA per 1 days) PA
LENVIMA 14 MG DAILY DOSE CPPK 0	4	QL (2 EA per 1 days) PA
LENVIMA 18 MG DAILY DOSE CPPK 0	4	QL (3 EA per 1 days) PA
LENVIMA 20 MG DAILY DOSE CPPK 10MG	4	QL (2 EA per 1 days) PA
LENVIMA 24 MG DAILY DOSE CPPK 0	4	QL (3 EA per 1 days) PA
LENVIMA 4 MG DAILY DOSE CPPK 4MG	4	QL (1 EA per 1 days) PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	4	QL (2 EA per 1 days) PA
LEUKERAN TABS 2MG	4	
LIBTAYO INJ 350MG/7ML	4	PA
LONSURF TABS 6.14MG; 15MG	4	QL (8 EA per 1 days) PA
LONSURF TABS 8.19MG; 20MG	4	QL (8 EA per 1 days) PA
LORBRENA TABS 100MG	4	QL (1 EA per 1 days) PA
LORBRENA TABS 25MG	4	QL (3 EA per 1 days) PA
LUMAKRAS TABS 120MG	4	QL (8 EA per 1 days) PA
LUMAKRAS TABS 320MG	4	QL (3 EA per 1 days) PA
LUMOXITI INJ 1MG	4	PA
LYNPARZA TABS 100MG	4	QL (4 EA per 1 days) PA
LYNPARZA TABS 150MG	4	QL (4 EA per 1 days) PA
LYSODREN TABS 500MG	4	
LYTGOBI TBPK 4MG	4	QL (3 EA per 1 days) PA
LYTGOBI TBPK 4MG	4	QL (4 EA per 1 days) PA
LYTGOBI TBPK 4MG	4	QL (5 EA per 1 days) PA
MATULANE CAPS 50MG	4	
MEKINIST SOLR 0.05MG/ML	4	PA
MEKINIST TABS 0.5MG	4	PA
MEKINIST TABS 2MG	4	PA
MEKTOVI TABS 15MG	4	QL (6 EA per 1 days) PA
<i>melphalan hydrochloride inj 50mg</i>	4	PA
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium inj 1gm/40ml</i>	1	
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate sodium inj 250mg/10ml</i>	1	
<i>methotrexate sodium inj 250mg/10ml</i>	1	
<i>methotrexate sodium inj 50mg/2ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj 50mg/2ml</i>	1	
<i>methotrexate sodium tabs 2.5mg</i>	1	B/D
<i>methotrexate inj 50mg/2ml</i>	1	
<i>mitomycin inj 20mg</i>	4	PA
<i>mitomycin inj 40mg</i>	4	PA
<i>mitomycin inj 5mg</i>	4	PA
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mutamycin inj 20mg</i>	4	PA
<i>mutamycin inj 40mg</i>	4	PA
<i>mutamycin inj 5mg</i>	4	PA
MYLOTARG INJ 4.5MG	4	PA
<i>nelarabine inj 5mg/ml</i>	4	PA
NERLYNX TABS 40MG	4	QL (6 EA per 1 days) PA
<i>nilutamide tabs 150mg</i>	4	
NINLARO CAPS 2.3MG	4	QL (3 EA per 28 days) PA
NINLARO CAPS 3MG	4	QL (3 EA per 28 days) PA
NINLARO CAPS 4MG	4	QL (3 EA per 28 days) PA
NIPENT INJ 10MG	4	PA
NUBEQA TABS 300MG	4	QL (4 EA per 1 days) PA
ODOMZO CAPS 200MG	4	QL (1 EA per 1 days) PA
OGSIVEO TABS 100MG	4	QL (2 EA per 1 days) PA
OGSIVEO TABS 150MG	4	QL (2 EA per 1 days) PA
OGSIVEO TABS 50MG	4	QL (6 EA per 1 days) PA
OJEMDA SUSR 25MG/ML	4	QL (2 ML per 1 days) PA
OJEMDA TABS 100MG	4	QL (24 EA per 28 days) PA
OJJAARA TABS 100MG	4	QL (1 EA per 1 days) PA
OJJAARA TABS 150MG	4	QL (1 EA per 1 days) PA
OJJAARA TABS 200MG	4	QL (1 EA per 1 days) PA
ONUREG TABS 200MG	4	QL (14 EA per 28 days) PA
ONUREG TABS 300MG	4	QL (14 EA per 28 days) PA
OPDIVO INJ 100MG/10ML	4	PA
OPDIVO INJ 240MG/24ML	4	PA
OPDIVO INJ 40MG/4ML	4	PA
ORSERDU TABS 345MG	4	QL (1 EA per 1 days) PA
ORSERDU TABS 86MG	4	QL (3 EA per 1 days) PA
<i>oxaliplatin inj 100mg/20ml</i>	1	PA
<i>oxaliplatin inj 100mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel protein-bound particles inj 900mg; 100mg</i>	4	PA
<i>paclitaxel protein-bound particles inj 900mg; 100mg</i>	4	PA
<i>paclitaxel inj 150mg/25ml</i>	1	
<i>paclitaxel inj 300mg/50ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
<i>paclitaxel inj 6mg/ml</i>	1	
<i>paraplatin inj 450mg/45ml</i>	1	
<i>paraplatin inj 50mg/5ml</i>	1	
<i>paraplatin inj 50mg/5ml</i>	1	
<i>paraplatin inj 50mg/5ml</i>	1	
<i>pazopanib hydrochloride tabs 200mg</i>	4	QL (4 EA per 1 days) PA
PEMAZYRE TABS 13.5MG	4	QL (14 EA per 21 days) PA
PEMAZYRE TABS 4.5MG	4	QL (14 EA per 21 days) PA
PEMAZYRE TABS 9MG	4	QL (14 EA per 21 days) PA
<i>pemetrexed disodium inj 100mg</i>	4	PA
<i>pemetrexed disodium inj 500mg</i>	4	PA
<i>pemetrexed inj 100mg</i>	4	PA
<i>pemetrexed inj 500mg</i>	4	PA
PERJETA INJ 420MG/14ML	4	PA
PIQRAY 200MG DAILY DOSE TBPK 200MG	4	QL (1 EA per 1 days) PA
PIQRAY 250MG DAILY DOSE TBPK 0	4	QL (2 EA per 1 days) PA
PIQRAY 300MG DAILY DOSE TBPK 150MG	4	QL (2 EA per 1 days) PA
POMALYST CAPS 1MG	4	PA
POMALYST CAPS 2MG	4	PA
POMALYST CAPS 3MG	4	PA
POMALYST CAPS 4MG	4	PA
PROLEUKIN INJ 22000000UNIT	4	PA
PURIXAN SUSP 2000MG/100ML	4	PA
QINLOCK TABS 50MG	4	QL (3 EA per 1 days) PA
RETEVMO CAPS 40MG	4	QL (6 EA per 1 days) PA
RETEVMO CAPS 80MG	4	QL (4 EA per 1 days) PA
REZLIDHIA CAPS 150MG	4	QL (2 EA per 1 days) PA
RIABNI INJ 100MG/10ML	4	PA
RIABNI INJ 500MG/50ML	4	PA
RITUXAN INJ 100MG/10ML	4	PA
RITUXAN INJ 500MG/50ML	4	PA
<i>romidepsin inj 10mg</i>	4	PA
<i>romidepsin inj 10mg</i>	4	PA
ROZLYTREK CAPS 100MG	4	QL (5 EA per 1 days) PA
ROZLYTREK CAPS 200MG	4	QL (3 EA per 1 days) PA
ROZLYTREK PACK 50MG	4	QL (12 EA per 1 days) PA
RUBRACA TABS 200MG	4	QL (4 EA per 1 days) PA
RUBRACA TABS 250MG	4	QL (4 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA TABS 300MG	4	QL (4 EA per 1 days) PA
RUXIENCE INJ 100MG/10ML	4	PA
RUXIENCE INJ 500MG/50ML	4	PA
RYDAPT CAPS 25MG	4	QL (8 EA per 1 days) PA
SCSEMBLIX TABS 100MG	4	QL (4 EA per 1 days) PA
SCSEMBLIX TABS 20MG	4	QL (4 EA per 1 days) PA
SCSEMBLIX TABS 40MG	4	QL (10 EA per 1 days) PA
SIKLOS TABS 1000MG	3	PA
SIKLOS TABS 100MG	3	PA
<i>sorafenib tosylate tabs 200mg</i>	4	QL (4 EA per 1 days) PA
<i>sorafenib tabs 200mg</i>	4	QL (4 EA per 1 days) PA LA
SPRYCEL TABS 100MG	4	PA
SPRYCEL TABS 140MG	4	PA
SPRYCEL TABS 20MG	4	PA
SPRYCEL TABS 50MG	4	PA
SPRYCEL TABS 70MG	4	PA
SPRYCEL TABS 80MG	4	PA
STIVARGA TABS 40MG	4	PA LA
<i>sunitinib malate caps 12.5mg</i>	4	QL (1 EA per 1 days) PA
<i>sunitinib malate caps 25mg</i>	4	QL (1 EA per 1 days) PA
<i>sunitinib malate caps 37.5mg</i>	4	QL (1 EA per 1 days) PA
<i>sunitinib malate caps 50mg</i>	4	QL (1 EA per 1 days) PA
SYNRIBO INJ 3.5MG	4	PA
TABLOID TABS 40MG	3	
TABRECTA TABS 150MG	4	QL (4 EA per 1 days) PA
TABRECTA TABS 200MG	4	QL (4 EA per 1 days) PA
TAFINLAR CAPS 50MG	4	PA
TAFINLAR CAPS 75MG	4	PA
TAFINLAR TBSO 10MG	4	PA
TAGRISSO TABS 40MG	4	QL (1 EA per 1 days) PA
TAGRISSO TABS 80MG	4	QL (1 EA per 1 days) PA
TALZENNA CAPS 0.1MG	4	QL (1 EA per 1 days) PA
TALZENNA CAPS 0.25MG	4	QL (1 EA per 1 days) PA
TALZENNA CAPS 0.35MG	4	QL (1 EA per 1 days) PA
TALZENNA CAPS 0.5MG	4	QL (1 EA per 1 days) PA
TALZENNA CAPS 0.75MG	4	QL (1 EA per 1 days) PA
TALZENNA CAPS 1MG	4	QL (1 EA per 1 days) PA
TASIGNA CAPS 150MG	4	PA
TASIGNA CAPS 200MG	4	PA
TASIGNA CAPS 50MG	4	PA
TAZVERIK TABS 200MG	4	QL (8 EA per 1 days) PA
TECENTRIQ INJ 1200MG/20ML	4	PA
TECENTRIQ INJ 840MG/14ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>temsirolimus inj 25mg/ml</i>	4	PA
TEPMETKO TABS 225MG	4	QL (2 EA per 1 days) PA
<i>thiotepa inj 15mg</i>	4	PA
TIBSOVO TABS 250MG	4	QL (2 EA per 1 days) PA
<i>toposar inj 100mg/5ml</i>	1	
<i>toposar inj 1gm/50ml</i>	1	
<i>toposar inj 500mg/25ml</i>	1	
<i>topotecan hcl inj 4mg</i>	1	
<i>tretinoin caps 10mg</i>	4	PA
<i>trexall tabs 10mg</i>	3	B/D
<i>trexall tabs 15mg</i>	3	B/D
<i>trexall tabs 5mg</i>	3	B/D
<i>trexall tabs 7.5mg</i>	3	B/D
TRUQAP TABS 160MG	4	QL (4 EA per 1 days) PA
TRUQAP TABS 200MG	4	QL (4 EA per 1 days) PA
TRUSELTIQ CPPK 0	4	QL (2 EA per 1 days) PA
TRUSELTIQ CPPK 100MG	4	QL (1 EA per 1 days) PA
TRUSELTIQ CPPK 25MG	4	QL (3 EA per 1 days) PA
TRUSELTIQ CPPK 25MG	4	QL (2 EA per 1 days) PA
TRUXIMA INJ 100MG/10ML	4	PA
TRUXIMA INJ 500MG/50ML	4	PA
TUKYSA TABS 150MG	4	QL (4 EA per 1 days) PA
TUKYSA TABS 50MG	4	QL (10 EA per 1 days) PA
TURALIO CAPS 125MG	4	QL (4 EA per 1 days) PA
TURALIO CAPS 200MG	4	QL (4 EA per 1 days) PA
TYKERB TABS 250MG	4	QL (6 EA per 1 days) PA LA
VANFLYTA TABS 17.7MG	4	QL (2 EA per 1 days) PA
VANFLYTA TABS 26.5MG	4	QL (2 EA per 1 days) PA
VECTIBIX INJ 100MG/5ML	4	PA
VENCLEXTA STARTING PACK TBPK 0	4	QL (42 EA per 180 days) PA
VENCLEXTA TABS 100MG	4	QL (6 EA per 1 days) PA
VENCLEXTA TABS 10MG	2	QL (4 EA per 1 days) PA
VENCLEXTA TABS 50MG	4	QL (4 EA per 1 days) PA
VERZENIO TABS 100MG	4	QL (2 EA per 1 days) PA
VERZENIO TABS 150MG	4	QL (2 EA per 1 days) PA
VERZENIO TABS 200MG	4	QL (2 EA per 1 days) PA
VERZENIO TABS 50MG	4	QL (2 EA per 1 days) PA
<i>vinblastine sulfat inj 1mg/ml</i>	1	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfat inj 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	
VITRAKVI CAPS 100MG	4	QL (2 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAPS 25MG	4	QL (6 EA per 1 days) PA
VITRAKVI SOLN 20MG/ML	4	QL (10 ML per 1 days) PA
VIZIMPRO TABS 15MG	4	QL (1 EA per 1 days) PA
VIZIMPRO TABS 30MG	4	QL (1 EA per 1 days) PA
VIZIMPRO TABS 45MG	4	QL (1 EA per 1 days) PA
VONJO CAPS 100MG	4	QL (4 EA per 1 days) PA
VYXEOS INJ 100MG; 44MG	4	PA
WELIREG TABS 40MG	4	QL (3 EA per 1 days) PA
XALKORI CAPS 200MG	4	QL (2 EA per 1 days) PA LA
XALKORI CAPS 250MG	4	QL (2 EA per 1 days) PA LA
XALKORI CPSP 150MG	4	QL (4 EA per 1 days) PA LA
XALKORI CPSP 20MG	4	QL (4 EA per 1 days) PA LA
XALKORI CPSP 50MG	4	QL (4 EA per 1 days) PA LA
XATMEP SOLN 2.5MG/ML	3	B/D
XOSPATA TABS 40MG	4	QL (3 EA per 1 days) PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20MG	4	QL (20 EA per 28 days) PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20MG	4	QL (8 EA per 28 days) PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20MG	4	QL (16 EA per 28 days) PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20MG	4	QL (12 EA per 28 days) PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	4	QL (24 EA per 28 days) PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20MG	4	QL (16 EA per 28 days) PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	4	QL (32 EA per 28 days) PA
XPOVIO TBPK 40MG	4	QL (8 EA per 28 days) PA
XPOVIO TBPK 40MG	4	QL (8 EA per 28 days) PA
XPOVIO TBPK 40MG	4	QL (4 EA per 28 days) PA
XPOVIO TBPK 50MG	4	QL (8 EA per 28 days) PA
XPOVIO TBPK 60MG	4	QL (4 EA per 28 days) PA
XTANDI CAPS 40MG	4	QL (4 EA per 1 days) PA
XTANDI TABS 40MG	4	QL (4 EA per 1 days) PA
XTANDI TABS 80MG	4	QL (2 EA per 1 days) PA
YERVOY INJ 200MG/40ML	4	PA
YERVOY INJ 50MG/10ML	4	PA
YONDELIS INJ 1MG	4	PA
YONSA TABS 125MG	4	QL (4 EA per 1 days) PA
ZALTRAP INJ 100MG/4ML	4	PA
ZALTRAP INJ 200MG/8ML	4	PA
ZANOSAR INJ 1GM	4	PA
ZEJULA CAPS 100MG	4	QL (3 EA per 1 days) PA
ZEJULA TABS 100MG	4	QL (1 EA per 1 days) PA
ZEJULA TABS 200MG	4	QL (1 EA per 1 days) PA
ZEJULA TABS 300MG	4	QL (1 EA per 1 days) PA
ZELBORAF TABS 240MG	4	PA LA
ZOLINZA CAPS 100MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TABS 100MG	4	QL (2 EA per 1 days) PA
ZYDELIG TABS 150MG	4	QL (2 EA per 1 days) PA
ZYKADIA TABS 150MG	4	QL (3 EA per 1 days) PA
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Allergenic Extracts</i>		
GRASTEK SUBL 2800BAU	3	PA MO
ODACTRA SUBL 0; 0	3	QL (1 EA per 1 days) PA MO
RAGWITEK SUBL 12AMB A 1-U	3	PA MO
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%	4	PA
BIVIGAM INJ 5GM/50ML	4	PA
FLEBOGAMMA DIF INJ 0.5GM/10ML	4	PA
FLEBOGAMMA DIF INJ 0.5GM/10ML	4	PA
FLEBOGAMMA DIF INJ 10GM/100ML	4	PA
FLEBOGAMMA DIF INJ 10GM/100ML	4	PA
FLEBOGAMMA DIF INJ 10GM/200ML	4	PA
FLEBOGAMMA DIF INJ 10GM/200ML	4	PA
FLEBOGAMMA DIF INJ 2.5GM/50ML	4	PA
FLEBOGAMMA DIF INJ 2.5GM/50ML	4	PA
FLEBOGAMMA DIF INJ 20GM/200ML	4	PA
FLEBOGAMMA DIF INJ 20GM/200ML	4	PA
FLEBOGAMMA DIF INJ 20GM/400ML	4	PA
FLEBOGAMMA DIF INJ 20GM/400ML	4	PA
FLEBOGAMMA DIF INJ 5GM/100ML	4	PA
FLEBOGAMMA DIF INJ 5GM/100ML	4	PA
FLEBOGAMMA DIF INJ 5GM/50ML	4	PA
GAMASTAN INJ 0	2	PA
GAMASTAN INJ 0	2	PA
GAMASTAN INJ 0	2	PA
GAMMAGARD LIQUID INJ 10GM/100ML	4	PA
GAMMAGARD LIQUID INJ 1GM/10ML	4	PA
GAMMAGARD LIQUID INJ 2.5GM/25ML	4	PA
GAMMAGARD LIQUID INJ 20GM/200ML	4	PA
GAMMAGARD LIQUID INJ 30GM/300ML	4	PA
GAMMAGARD LIQUID INJ 5GM/50ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	4	PA
GAMMAKED INJ 10GM/100ML	4	PA
GAMMAKED INJ 1GM/10ML	4	PA
GAMMAKED INJ 20GM/200ML	4	PA
GAMMAKED INJ 5GM/50ML	4	PA
GAMMAPLEX INJ 10GM/100ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX INJ 10GM/200ML	4	PA
GAMMAPLEX INJ 20GM/200ML	4	PA
GAMMAPLEX INJ 20GM/400ML	4	PA
GAMMAPLEX INJ 20GM/400ML	4	PA
GAMMAPLEX INJ 5GM/100ML	4	PA
GAMMAPLEX INJ 5GM/100ML	4	PA
GAMMAPLEX INJ 5GM/50ML	4	PA
GAMUNEX-C INJ 10GM/100ML	4	PA
GAMUNEX-C INJ 10GM/100ML	4	PA
GAMUNEX-C INJ 1GM/10ML	4	PA
GAMUNEX-C INJ 2.5GM/25ML	4	PA
GAMUNEX-C INJ 2.5GM/25ML	4	PA
GAMUNEX-C INJ 20GM/200ML	4	PA
GAMUNEX-C INJ 20GM/200ML	4	PA
GAMUNEX-C INJ 40GM/400ML	4	PA
GAMUNEX-C INJ 40GM/400ML	4	PA
GAMUNEX-C INJ 5GM/50ML	4	PA
GAMUNEX-C INJ 5GM/50ML	4	PA
OCTAGAM INJ 10GM/100ML	4	PA
OCTAGAM INJ 10GM/200ML	4	PA
OCTAGAM INJ 1GM/20ML	4	PA
OCTAGAM INJ 2.5GM/50ML	4	PA
OCTAGAM INJ 20GM/200ML	4	PA
OCTAGAM INJ 2GM/20ML	4	PA
OCTAGAM INJ 30GM/300ML	4	PA
OCTAGAM INJ 5GM/100ML	4	PA
OCTAGAM INJ 5GM/50ML	4	PA
PRIVIGEN INJ 10GM/100ML	4	PA
PRIVIGEN INJ 20GM/200ML	4	PA
PRIVIGEN INJ 40GM/400ML	4	PA
PRIVIGEN INJ 5GM/50ML	4	PA
VARIZIG INJ 125UNIT/1.2ML	4	PA
ZINPLAVA INJ 1000MG/40ML	4	PA
Toxoids		
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	2	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	2	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	2	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	2	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC INJ 25LFU/0.5ML; 5LFU/0.5ML	2	

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Drug Name	Drug Tier	Requirements/Limits
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	2	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
<i>quadracel inj 15lfu/0.5ml; 48mcg/0.5ml; 0; 5lfu/0.5ml</i>	2	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	2	
TENIVAC INJ 2LFU; 5LFU	2	
TENIVAC INJ 2LFU; 5LFU	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	2	
Vaccines		
ABRYSVO INJ 120MCG/0.5ML	2	
ACTHIB INJ 0	2	
AREXVY INJ 120MCG/0.5ML	2	PA
BCG VACCINE INJ 50MG	2	
BEXSERO INJ 0	2	PA
DENGVAXIA INJ 0	2	PA
ENGERIX-B INJ 10MCG/0.5ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
ENGERIX-B INJ 20MCG/ML	2	B/D
GARDASIL 9 INJ 0	2	PA
GARDASIL 9 INJ 0	2	PA
HAVRIX INJ 1440ELU/ML	2	
HAVRIX INJ 720ELU/0.5ML	2	
HEPLISAV-B INJ 20MCG/0.5ML	2	B/D
HIBERIX INJ 10MCG	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	2	B/D
IPOL INACTIVATED IPV INJ 0	2	
IXCHIQ INJ 0	2	
IXIARO INJ 0	2	
JYNNEOS INJ 0.5ML	2	
M-M-R II INJ 0; 0; 0	2	
MENACTRA INJ 0	2	
MENQUADFI INJ 0	2	
MENVEO INJ 0	2	
MENVEO INJ 0	2	
MENVEO INJ 0	2	

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Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJ 7.5MCG/0.5ML	2	
PENBRAYA INJ 0; 0	2	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
PREHEVBRIO INJ 10MCG/ML	2	B/D
PRIORIX INJ 0; 0; 0	2	
PROQUAD INJ 0; 0; 0; 0	2	
RABAVERT INJ 0	2	B/D
RECOMBIVAX HB INJ 10MCG/ML	2	B/D
RECOMBIVAX HB INJ 10MCG/ML	2	B/D
RECOMBIVAX HB INJ 40MCG/ML	2	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	2	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	2	B/D
ROTARIX SUSP 0	2	
ROTARIX SUSR 0	2	
ROTATEQ SOLN 0	2	
SHINGRIX INJ 50MCG/0.5ML	2	
STAMARIL INJ 0	2	PA
TICOVAC INJ 1.2MCG/0.25ML	2	PA
TICOVAC INJ 2.4MCG/0.5ML	2	PA
TRUMENBA INJ 0	2	PA
TWINRIX INJ 720ELU/ML; 20MCG/ML	2	
TYPHIM VI INJ 25MCG/0.5ML	2	
TYPHIM VI INJ 25MCG/0.5ML	2	
VAQTA INJ 25UNIT/0.5ML	2	
VAQTA INJ 25UNIT/0.5ML	2	
VAQTA INJ 50UNIT/ML	2	
VAQTA INJ 50UNIT/ML	2	
VARIVAX INJ 1350PFU/0.5ML	2	
YF-VAX INJ 0	2	
YF-VAX INJ 0	2	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	2	QL (2 EA per 1 days) MO
ATROPINE SULFATE INJ 0.25MG/5ML	1	
ATROVENT HFA AERS 17MCG/ACT	3	MO
<i>dicyclomine hcl soln 10mg/5ml</i>	1	
<i>dicyclomine hydrochloride caps 10mg</i>	1	
<i>dicyclomine hydrochloride soln 10mg/5ml</i>	1	
<i>dicyclomine hydrochloride tabs 20mg</i>	1	
<i>glycopyrrolate tabs 1mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate tabs 2mg</i>	1	
INCRUSE ELLIPTA AEPB 62.5MCG/INH	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide soln 0.02%</i>	1	B/D MO
<i>ipratropium bromide soln 0.03%</i>	1	MO
<i>ipratropium bromide soln 0.06%</i>	1	MO
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	2	QL (4 GM per 30 days) MO
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	2	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	2	QL (4 GM per 30 days) MO
<i>tiotropium bromide caps 18mcg</i>	1	QL (30 EA per 30 days) MO
Autonomic Drugs, Miscellaneous		
NICOTROL INHALER INHA 10MG	3	QL (2688 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	3	QL (360 ML per 365 days)
<i>varenicline starting month box tbpk 0</i>	1	QL (53 EA per 180 days)
<i>varenicline tartrate tabs 0.5mg</i>	1	QL (336 EA per 365 days)
<i>varenicline tartrate tabs 1mg</i>	1	QL (336 EA per 365 days)
Parasympathomimetic (Cholinergic) Agents		
<i>bethanechol chloride tabs 10mg</i>	1	
<i>bethanechol chloride tabs 25mg</i>	1	
<i>bethanechol chloride tabs 50mg</i>	1	
<i>bethanechol chloride tabs 5mg</i>	1	
<i>cevimeline hydrochloride caps 30mg</i>	1	MO
<i>donepezil hcl tabs 10mg</i>	1	MO
<i>donepezil hcl tabs 23mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hcl tbdp 10mg</i>	1	MO
<i>donepezil hcl tbdp 5mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride odt tbdp 10mg</i>	1	MO
<i>donepezil hydrochloride odt tbdp 5mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride tabs 10mg</i>	1	MO
<i>donepezil hydrochloride tabs 10mg</i>	1	MO
<i>donepezil hydrochloride tabs 10mg</i>	1	MO
<i>donepezil hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er cp24 16mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er cp24 24mg</i>	1	MO
<i>galantamine hydrobromide er cp24 8mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide soln 4mg/ml</i>	1	MO
<i>galantamine hydrobromide tabs 12mg</i>	1	MO
<i>galantamine hydrobromide tabs 4mg</i>	1	MO
<i>galantamine hydrobromide tabs 8mg</i>	1	MO
<i>pilocarpine hydrochloride tabs 5mg</i>	1	MO
<i>pilocarpine hydrochloride tabs 7.5mg</i>	1	MO
<i>pyridostigmine bromide er tbc 180mg</i>	1	
<i>pyridostigmine bromide soln 60mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>regonol inj 10mg/2ml</i>	3	
<i>rivastigmine tartrate caps 1.5mg</i>	1	MO
<i>rivastigmine tartrate caps 3mg</i>	1	MO
<i>rivastigmine tartrate caps 4.5mg</i>	1	MO
<i>rivastigmine tartrate caps 6mg</i>	1	MO
<i>rivastigmine transdermal system pt24 13.3mg/24hr</i>	1	QL (1 EA per 1 days) MO
<i>rivastigmine transdermal system pt24 4.6mg/24hr</i>	1	QL (1 EA per 1 days) MO
<i>rivastigmine transdermal system pt24 9.5mg/24hr</i>	1	QL (1 EA per 1 days) MO
Skeletal Muscle Relaxants		
<i>baclofen tabs 10mg</i>	1	MO
<i>baclofen tabs 20mg</i>	1	MO
<i>baclofen tabs 5mg</i>	1	
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hydrochloride tabs 10mg</i>	1	
<i>cyclobenzaprine hydrochloride tabs 5mg</i>	1	
<i>methocarbamol tabs 500mg</i>	1	
<i>methocarbamol tabs 750mg</i>	1	
<i>tizanidine hcl caps 4mg</i>	1	
<i>tizanidine hcl tabs 2mg</i>	1	MO
<i>tizanidine hydrochloride caps 2mg</i>	1	
<i>tizanidine hydrochloride caps 6mg</i>	1	
<i>tizanidine hydrochloride tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	MO
Smoking Cessation Agents		
<i>varenicline tartrate tabs 1mg</i>	1	QL (336 EA per 365 days)
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er tb24 10mg</i>	1	MO
<i>dihydroergotamine mesylate inj 1mg/ml</i>	4	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	1	QL (8 ML per 28 days)
<i>ergoloid mesylates tabs 1mg</i>	1	MO
<i>tamsulosin hydrochloride caps 0.4mg</i>	1	MO
Sympathomimetic (Adrenergic) Agents		
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days) MO
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days) MO
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days) MO
ALBUTEROL SULFATE HFA AERS 108MCG/ACT	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate nebu 0.083%</i>	1	B/D MO
<i>albuterol sulfate nebu 0.63mg/3ml</i>	1	B/D MO
<i>albuterol sulfate nebu 1.25mg/3ml</i>	1	B/D MO
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	B/D MO
<i>albuterol sulfate syrp 2mg/5ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate tabs 2mg</i>	1	MO
<i>albuterol sulfate tabs 4mg</i>	1	MO
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	B/D MO
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	2	QL (8 GM per 30 days) MO
<i>droxidopa caps 100mg</i>	4	QL (15 EA per 1 days) PA
<i>droxidopa caps 200mg</i>	4	QL (6 EA per 1 days) PA
<i>droxidopa caps 300mg</i>	4	QL (6 EA per 1 days) PA
<i>epinephrine inj 0.15mg/0.15ml</i>	1	
<i>epinephrine inj 0.15mg/0.3ml</i>	1	
<i>epinephrine inj 0.3mg/0.3ml</i>	1	
<i>epinephrine inj 0.3mg/0.3ml</i>	1	
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT	3	QL (2 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 232MCG/ACT; 14MCG/ACT	3	QL (2 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 55MCG/ACT; 14MCG/ACT	3	QL (2 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	1	B/D MO
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	1	B/D MO
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol hydrochloride nebu 0.31mg/3ml</i>	1	B/D MO
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	1	B/D MO
<i>levalbuterol hydrochloride nebu 1.25mg/3ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA AERO 45MCG/ACT	2	QL (30 GM per 30 days) MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	1	B/D MO
LUCEMYRA TABS 0.18MG	4	QL (16 EA per 1 days) PA
<i>midodrine hcl tabs 10mg</i>	1	
<i>midodrine hcl tabs 2.5mg</i>	1	
<i>midodrine hcl tabs 5mg</i>	1	
<i>midodrine hydrochloride tabs 10mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hydrochloride tabs 2.5mg</i>	1	
<i>midodrine hydrochloride tabs 5mg</i>	1	
<i>midodrine hydrochloride tabs 5mg</i>	1	
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj 1mg/ml</i>	1	
<i>terbutaline sulfate tabs 2.5mg</i>	1	
<i>terbutaline sulfate tabs 5mg</i>	1	MO
<i>wixela inhub aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
Blood Formation,Coagulation & Thrombosis Agents		
Antithrombotic Agents		
<i>dabigatran etexilate caps 110mg</i>	1	QL (2 EA per 1 days)
<i>dabigatran etexilate caps 150mg</i>	1	QL (2 EA per 1 days)
<i>dabigatran etexilate caps 75mg</i>	1	QL (2 EA per 1 days) MO
<i>heparin sodium inj 1000unit/ml</i>	1	
Blood Formation,Coagulation & Thrombosis		
Antihemorrhagic Agents		
<i>tranexamic acid inj 1000mg/10ml</i>	1	
<i>tranexamic acid tabs 650mg</i>	1	
Antithrombotic Agents		
<i>anagrelide hydrochloride caps 0.5mg</i>	1	MO
<i>anagrelide hydrochloride caps 1mg</i>	1	MO
<i>argatroban inj 250mg/2.5ml</i>	1	
<i>aspirin/dipyridamole er cp12 25mg; 200mg</i>	1	MO
<i>aspirin/dipyridamole cp12 25mg; 200mg</i>	1	MO
BRILINTA TABS 60MG	2	QL (2 EA per 1 days) MO
BRILINTA TABS 90MG	2	QL (2 EA per 1 days) MO
CABLIVI INJ 11MG	4	QL (1 EA per 1 days) PA
<i>cilostazol tabs 100mg</i>	1	MO
<i>cilostazol tabs 50mg</i>	1	MO
<i>clopidogrel tabs 75mg</i>	1	MO
ELIQUIS STARTER PACK TBPK 5MG	2	QL (74 EA per 180 days) MO
ELIQUIS TABS 2.5MG	2	QL (2 EA per 1 days) MO
ELIQUIS TABS 5MG	2	QL (4 EA per 1 days) MO
<i>enoxaparin sodium inj 100mg/ml</i>	1	
<i>enoxaparin sodium inj 120mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150mg/ml</i>	1	
<i>enoxaparin sodium inj 300mg/3ml</i>	1	
<i>enoxaparin sodium inj 30mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80mg/0.8ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium inj 10mg/0.8ml</i>	4	QL (0.8 ML per 1 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	QL (0.5 ML per 1 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	4	QL (0.4 ML per 1 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	4	QL (0.6 ML per 1 days)
HEPARIN SODIUM/D5W INJ 5%; 100UNIT/ML	1	
HEPARIN SODIUM/D5W INJ 5%; 25000UNIT/500ML	1	
HEPARIN SODIUM/D5W INJ 5%; 40UNIT/ML	1	
HEPARIN SODIUM/DEXTROSE INJ 5%; 25000UNIT/250ML	1	
HEPARIN SODIUM/DEXTROSE INJ 5%; 25000UNIT/500ML	1	
<i>heparin sodium/nacl 0.45% inj 12500unit/250ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/sodium chloride inj 25000unit/500ml; 0.45%</i>	1	
<i>heparin sodium/sodium chloride inj 25000unit/500ml; 0.45%</i>	1	
<i>heparin sodium inj 10000unit/ml</i>	1	
<i>heparin sodium inj 1000unit/ml</i>	1	
<i>heparin sodium inj 20000unit/ml</i>	1	
<i>heparin sodium inj 5000unit/0.5ml</i>	1	
<i>heparin sodium inj 5000unit/ml</i>	1	
<i>heparin sodium inj 5000unit/ml</i>	1	
<i>jantoven tabs 10mg</i>	1	MO
<i>jantoven tabs 1mg</i>	1	MO
<i>jantoven tabs 2.5mg</i>	1	MO
<i>jantoven tabs 2mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>jantoven tabs 3mg</i>	1	MO
<i>jantoven tabs 4mg</i>	1	MO
<i>jantoven tabs 5mg</i>	1	MO
<i>jantoven tabs 6mg</i>	1	MO
<i>jantoven tabs 7.5mg</i>	1	MO
<i>prasugrel hydrochloride tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>prasugrel hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
<i>warfarin sodium tabs 10mg</i>	1	MO
<i>warfarin sodium tabs 1mg</i>	1	MO
<i>warfarin sodium tabs 2.5mg</i>	1	MO
<i>warfarin sodium tabs 2mg</i>	1	MO
<i>warfarin sodium tabs 3mg</i>	1	MO
<i>warfarin sodium tabs 4mg</i>	1	MO
<i>warfarin sodium tabs 5mg</i>	1	MO
<i>warfarin sodium tabs 6mg</i>	1	MO
<i>warfarin sodium tabs 7.5mg</i>	1	MO
XARELTO STARTER PACK TBPK 0	2	QL (51 EA per 180 days)
XARELTO SUSR 1MG/ML	3	PA MO
XARELTO TABS 10MG	2	QL (1 EA per 1 days) MO
XARELTO TABS 15MG	2	MO
XARELTO TABS 2.5MG	2	QL (2 EA per 1 days) MO
XARELTO TABS 20MG	2	MO
<i>Blood Formation, Coagulation, and Thrombosis Agents, Misc.</i>		
OXBRYTA TABS 300MG	4	QL (3 EA per 1 days) PA MO
OXBRYTA TABS 500MG	3	QL (3 EA per 1 days) PA
OXBRYTA TBSO 300MG	3	QL (5 EA per 1 days) PA
PYRUKYND TAPER PACK TBPK 0	4	QL (14 EA per 180 days) PA
PYRUKYND TAPER PACK TBPK 0	4	QL (14 EA per 180 days) PA
PYRUKYND TAPER PACK TBPK 5MG	4	QL (7 EA per 180 days) PA
PYRUKYND TABS 20MG	4	QL (2 EA per 1 days) PA
PYRUKYND TABS 50MG	4	QL (2 EA per 1 days) PA
PYRUKYND TABS 5MG	4	QL (2 EA per 1 days) PA
TAVALISSE TABS 100MG	4	QL (2 EA per 1 days) PA MO
TAVALISSE TABS 150MG	4	QL (2 EA per 1 days) PA MO
<i>Hematopoietic Agents</i>		
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	3	PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 200MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	PA
ARANESP ALBUMIN FREE INJ 25MCG/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	4	PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	PA
ARANESP ALBUMIN FREE INJ 40MCG/ML	3	PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	PA
ARANESP ALBUMIN FREE INJ 60MCG/ML	4	PA
DOPTELET TABS 20MG	4	QL (3 EA per 1 days) PA
DOPTELET TABS 20MG	4	QL (3 EA per 1 days) PA
DOPTELET TABS 20MG	4	QL (3 EA per 1 days) PA
FULPHILA INJ 6MG/0.6ML	4	PA
FYLNETRA INJ 6MG/0.6ML	4	PA
GRANIX INJ 300MCG/0.5ML	4	PA
GRANIX INJ 300MCG/ML	4	PA
GRANIX INJ 480MCG/0.8ML	4	PA
GRANIX INJ 480MCG/1.6ML	4	PA
LEUKINE INJ 250MCG	4	PA
MOZOBIL INJ 24MG/1.2ML	4	PA
MULPLETA TABS 3MG	4	QL (1 EA per 1 days) PA
NEULASTA INJ 6MG/0.6ML	4	PA
NYVEPRIA INJ 6MG/0.6ML	4	PA
<i>plerixafor inj 24mg/1.2ml</i>	4	PA
PROCRIT INJ 10000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML	3	PA
PROCRIT INJ 2000UNIT/ML	3	PA
PROCRIT INJ 3000UNIT/ML	3	PA
PROCRIT INJ 40000UNIT/ML	4	PA
PROCRIT INJ 4000UNIT/ML	3	PA
PROMACTA PACK 12.5MG	4	QL (6 EA per 1 days) PA LA MO
PROMACTA PACK 25MG	4	QL (6 EA per 1 days) PA LA MO
PROMACTA TABS 12.5MG	4	QL (1 EA per 1 days) PA LA MO
PROMACTA TABS 25MG	4	QL (1 EA per 1 days) PA LA MO
PROMACTA TABS 50MG	4	QL (2 EA per 1 days) PA LA MO
PROMACTA TABS 75MG	4	QL (2 EA per 1 days) PA LA MO
RETACRIT INJ 10000UNIT/ML	3	PA
RETACRIT INJ 20000UNIT/2ML	3	PA
RETACRIT INJ 20000UNIT/ML	3	PA
RETACRIT INJ 2000UNIT/ML	3	PA
RETACRIT INJ 3000UNIT/ML	3	PA
RETACRIT INJ 40000UNIT/ML	4	PA
RETACRIT INJ 4000UNIT/ML	3	PA
ROLVEDON INJ 13.2MG/0.6ML	4	PA
STIMUFEND INJ 6MG/0.6ML	4	PA
UDENYCA ONBODY INJ 6MG/0.6ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
UDENYCA INJ 6MG/0.6ML	4	PA
ZARXIO INJ 300MCG/0.5ML	4	PA
ZARXIO INJ 480MCG/0.8ML	4	PA
ZIEXTENZO INJ 6MG/0.6ML	4	PA
Hemorrhologic Agents		
<i>pentoxifylline er tbc</i> 400mg	1	MO
Blood Formation,Coagulation + Thrombosis		
Hematopoietic Agents		
UDENYCA INJ 6MG/0.6ML	4	PA
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate tabs</i> 1mg	1	MO
<i>doxazosin mesylate tabs</i> 2mg	1	MO
<i>doxazosin mesylate tabs</i> 4mg	1	MO
<i>doxazosin mesylate tabs</i> 8mg	1	MO
<i>doxazosin tabs</i> 2mg	1	MO
<i>prazosin hydrochloride caps</i> 1mg	1	MO
<i>prazosin hydrochloride caps</i> 2mg	1	MO
<i>prazosin hydrochloride caps</i> 5mg	1	MO
<i>terazosin hcl caps</i> 10mg	1	MO
<i>terazosin hcl caps</i> 1mg	1	MO
<i>terazosin hcl caps</i> 5mg	1	MO
<i>terazosin hydrochloride caps</i> 10mg	1	MO
<i>terazosin hydrochloride caps</i> 1mg	1	MO
<i>terazosin hydrochloride caps</i> 2mg	1	MO
<i>terazosin hydrochloride caps</i> 5mg	1	MO
Antilipemic Agents		
<i>atorvastatin calcium tabs</i> 10mg	1	QL (1 EA per 1 days) MO
<i>atorvastatin calcium tabs</i> 20mg	1	QL (1 EA per 1 days) MO
<i>atorvastatin calcium tabs</i> 40mg	1	QL (1 EA per 1 days) MO
<i>atorvastatin calcium tabs</i> 80mg	1	QL (1 EA per 1 days) MO
<i>cholestyramine light pack</i> 4gm	1	MO
<i>cholestyramine light powd</i> 4gm/dose	1	MO
<i>cholestyramine pack</i> 4gm	1	MO
<i>cholestyramine powd</i> 4gm/dose	1	MO
<i>colesevelam hydrochloride pack</i> 3.75gm	1	MO
<i>colesevelam hydrochloride tabs</i> 625mg	1	MO
<i>colestipol hcl gran</i> 5gm	1	MO
<i>colestipol hcl pack</i> 5gm	1	MO
<i>colestipol hcl tabs</i> 1gm	1	MO
<i>colestipol hydrochloride tabs</i> 1gm	1	MO
<i>ezetimibe/simvastatin tabs</i> 10mg; 10mg	1	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin tabs</i> 10mg; 20mg	1	QL (1 EA per 1 days) MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe/simvastatin tabs 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin tabs 10mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>ezetimibe tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>fenofibrate micronized caps 134mg</i>	1	MO
<i>fenofibrate micronized caps 200mg</i>	1	MO
<i>fenofibrate micronized caps 67mg</i>	1	MO
<i>fenofibrate caps 130mg</i>	1	MO
<i>fenofibrate caps 134mg</i>	1	MO
<i>fenofibrate caps 200mg</i>	1	MO
<i>fenofibrate caps 43mg</i>	1	MO
<i>fenofibrate caps 67mg</i>	1	MO
<i>fenofibrate tabs 145mg</i>	1	MO
<i>fenofibrate tabs 160mg</i>	1	MO
<i>fenofibrate tabs 48mg</i>	1	MO
<i>fenofibrate tabs 54mg</i>	1	MO
<i>fenofibric acid dr cpdr 135mg</i>	1	MO
<i>fenofibric acid dr cpdr 45mg</i>	1	MO
<i>gemfibrozil tabs 600mg</i>	1	MO
<i>icosapent ethyl caps 0.5gm</i>	1	QL (8 EA per 1 days) MO
<i>icosapent ethyl caps 1gm</i>	1	QL (4 EA per 1 days) MO
JUXTAPID CAPS 10MG	4	QL (2 EA per 1 days) PA MO
JUXTAPID CAPS 20MG	4	QL (2 EA per 1 days) PA MO
JUXTAPID CAPS 30MG	4	QL (2 EA per 1 days) PA MO
JUXTAPID CAPS 5MG	4	QL (2 EA per 1 days) PA MO
<i>lovastatin tabs 10mg</i>	1	MO
<i>lovastatin tabs 20mg</i>	1	MO
<i>lovastatin tabs 40mg</i>	1	MO
<i>niacin er tbc 1000mg</i>	1	MO
<i>niacin er tbc 500mg</i>	1	MO
<i>niacin er tbc 750mg</i>	1	MO
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	1	MO
PRALUENT INJ 150MG/ML	2	QL (2 ML per 28 days) PA MO
PRALUENT INJ 75MG/ML	2	QL (2 ML per 28 days) PA MO
<i>pravastatin sodium tabs 10mg</i>	1	MO
<i>pravastatin sodium tabs 20mg</i>	1	MO
<i>pravastatin sodium tabs 40mg</i>	1	MO
<i>pravastatin sodium tabs 80mg</i>	1	MO
<i>prevalite pack 4gm</i>	1	MO
<i>prevalite powd 4gm/dose</i>	1	MO
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	2	QL (3.5 ML per 30 days) PA MO
REPATHA SURECLICK INJ 140MG/ML	2	QL (3 ML per 30 days) PA MO
REPATHA INJ 140MG/ML	2	QL (3 ML per 30 days) PA MO
<i>rosuvastatin calcium tabs 10mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tabs 20mg</i>	1	MO
<i>rosuvastatin calcium tabs 40mg</i>	1	MO
<i>rosuvastatin calcium tabs 5mg</i>	1	MO
<i>simvastatin tabs 10mg</i>	1	MO
<i>simvastatin tabs 20mg</i>	1	MO
<i>simvastatin tabs 40mg</i>	1	MO
<i>simvastatin tabs 5mg</i>	1	MO
<i>simvastatin tabs 80mg</i>	1	MO
beta-Adrenergic Blocking Agents		
<i>acebutolol hcl caps 200mg</i>	1	MO
<i>acebutolol hcl caps 400mg</i>	1	MO
<i>acebutolol hydrochloride caps 200mg</i>	1	MO
<i>acebutolol hydrochloride caps 400mg</i>	1	MO
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	1	MO
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	1	MO
<i>atenolol tabs 100mg</i>	1	MO
<i>atenolol tabs 25mg</i>	1	MO
<i>atenolol tabs 50mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate tabs 10mg</i>	1	MO
<i>bisoprolol fumarate tabs 5mg</i>	1	MO
<i>carvedilol tabs 12.5mg</i>	1	MO
<i>carvedilol tabs 25mg</i>	1	MO
<i>carvedilol tabs 3.125mg</i>	1	MO
<i>carvedilol tabs 6.25mg</i>	1	MO
<i>labetalol hydrochloride inj 10mg/2ml</i>	1	
<i>labetalol hydrochloride inj 5mg/ml</i>	1	
<i>labetalol hydrochloride inj 5mg/ml</i>	1	
<i>labetalol hydrochloride tabs 100mg</i>	1	MO
<i>labetalol hydrochloride tabs 200mg</i>	1	MO
<i>labetalol hydrochloride tabs 300mg</i>	1	MO
<i>metoprolol succinate er tb24 100mg</i>	1	MO
<i>metoprolol succinate er tb24 200mg</i>	1	MO
<i>metoprolol succinate er tb24 25mg</i>	1	MO
<i>metoprolol succinate er tb24 50mg</i>	1	MO
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>metoprolol tartrate tabs 100mg</i>	1	MO
<i>metoprolol tartrate tabs 25mg</i>	1	MO
<i>metoprolol tartrate tabs 37.5mg</i>	1	MO
<i>metoprolol tartrate tabs 50mg</i>	1	MO
<i>metoprolol tartrate tabs 75mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	1	MO
<i>nadolol tabs 20mg</i>	1	MO
<i>nadolol tabs 40mg</i>	1	MO
<i>nadolol tabs 80mg</i>	1	MO
<i>nebivolol hydrochloride tabs 10mg</i>	1	QL (3 EA per 1 days) MO
<i>nebivolol hydrochloride tabs 2.5mg</i>	1	QL (5 EA per 1 days) MO
<i>nebivolol hydrochloride tabs 20mg</i>	1	QL (2 EA per 1 days) MO
<i>nebivolol hydrochloride tabs 5mg</i>	1	QL (2 EA per 1 days) MO
<i>nebivolol tabs 10mg</i>	1	QL (3 EA per 1 days) MO
<i>nebivolol tabs 20mg</i>	1	QL (2 EA per 1 days) MO
<i>nebivolol tabs 5mg</i>	1	QL (2 EA per 1 days) MO
<i>pindolol tabs 10mg</i>	1	MO
<i>pindolol tabs 5mg</i>	1	MO
<i>propranolol hcl er cp24 120mg</i>	1	MO
<i>propranolol hcl er cp24 160mg</i>	1	MO
<i>propranolol hcl soln 20mg/5ml</i>	1	MO
<i>propranolol hcl soln 40mg/5ml</i>	1	MO
<i>propranolol hcl tabs 40mg</i>	1	MO
<i>propranolol hcl tabs 60mg</i>	1	MO
<i>propranolol hydrochloride er cp24 120mg</i>	1	MO
<i>propranolol hydrochloride er cp24 160mg</i>	1	MO
<i>propranolol hydrochloride er cp24 60mg</i>	1	MO
<i>propranolol hydrochloride er cp24 80mg</i>	1	MO
<i>propranolol hydrochloride soln 20mg/5ml</i>	1	MO
<i>propranolol hydrochloride tabs 10mg</i>	1	MO
<i>propranolol hydrochloride tabs 20mg</i>	1	MO
<i>propranolol hydrochloride tabs 40mg</i>	1	MO
<i>propranolol hydrochloride tabs 60mg</i>	1	MO
<i>propranolol hydrochloride tabs 80mg</i>	1	MO
<i>sorine tabs 120mg</i>	1	MO
<i>sorine tabs 160mg</i>	1	MO
<i>sorine tabs 240mg</i>	1	MO
<i>sorine tabs 80mg</i>	1	MO
<i>sotalol hcl (af) tabs 120mg</i>	1	MO
<i>sotalol hcl (af) tabs 80mg</i>	1	MO
<i>sotalol hcl (af) tabs 80mg</i>	1	MO
<i>sotalol hcl af tabs 160mg</i>	1	MO
<i>sotalol hcl af tabs 160mg</i>	1	MO
<i>sotalol hcl tabs 120mg</i>	1	MO
<i>sotalol hcl tabs 160mg</i>	1	MO
<i>sotalol hcl tabs 240mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tabs 80mg</i>	1	MO
<i>sotalol hydrochloride (af) tabs 120mg</i>	1	MO
<i>sotalol hydrochloride (af) tabs 160mg</i>	1	MO
<i>sotalol hydrochloride (af) tabs 80mg</i>	1	MO
<i>sotalol hydrochloride af tabs 160mg</i>	1	MO
<i>sotalol hydrochloride tabs 120mg</i>	1	MO
<i>sotalol hydrochloride tabs 120mg</i>	1	MO
<i>sotalol hydrochloride tabs 160mg</i>	1	MO
<i>sotalol hydrochloride tabs 240mg</i>	1	MO
<i>sotalol hydrochloride tabs 80mg</i>	1	MO
SOTYLIZE SOLN 5MG/ML	3	PA MO
<i>timolol maleate tabs 10mg</i>	1	MO
<i>timolol maleate tabs 20mg</i>	1	MO
<i>timolol maleate tabs 5mg</i>	1	MO
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 10mg; 160mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 10mg; 320mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 5mg; 160mg</i>	1	QL (1 EA per 1 days) MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/valsartan tabs 5mg; 320mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate tabs 10mg</i>	1	MO
<i>amlodipine besylate tabs 2.5mg</i>	1	MO
<i>amlodipine besylate tabs 5mg</i>	1	MO
<i>amlodipine/olmesartan medoxomil tabs 10mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine/olmesartan medoxomil tabs 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine/olmesartan medoxomil tabs 5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine/olmesartan medoxomil tabs 5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg</i>	1	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 160mg</i>	1	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 320mg</i>	1	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	1	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 25mg; 160mg</i>	1	MO
<i>cartia xt cp24 120mg</i>	1	MO
<i>cartia xt cp24 180mg</i>	1	MO
<i>cartia xt cp24 240mg</i>	1	MO
<i>cartia xt cp24 300mg</i>	1	MO
<i>dilt-xr cp24 120mg</i>	1	MO
<i>dilt-xr cp24 180mg</i>	1	MO
<i>dilt-xr cp24 240mg</i>	1	MO
<i>diltiazem hcl cd cp24 360mg</i>	1	MO
<i>diltiazem hcl er cp12 120mg</i>	1	MO
<i>diltiazem hcl er cp12 60mg</i>	1	MO
<i>diltiazem hcl er cp12 90mg</i>	1	MO
<i>diltiazem hcl er cp24 120mg</i>	1	MO
<i>diltiazem hcl er cp24 120mg</i>	1	MO
<i>diltiazem hcl er cp24 120mg</i>	1	MO
<i>diltiazem hcl er cp24 180mg</i>	1	MO
<i>diltiazem hcl er cp24 240mg</i>	1	MO
<i>diltiazem hcl er cp24 240mg</i>	1	MO
<i>diltiazem hcl er cp24 240mg</i>	1	MO
<i>diltiazem hcl er cp24 240mg</i>	1	MO
<i>diltiazem hcl er cp24 420mg</i>	1	MO
<i>diltiazem hcl er tb24 240mg</i>	1	MO
<i>diltiazem hcl er tb24 300mg</i>	1	MO
<i>diltiazem hcl er tb24 360mg</i>	1	MO
<i>diltiazem hcl er tb24 420mg</i>	1	MO
<i>diltiazem hcl inj 100mg</i>	1	
<i>diltiazem hcl inj 125mg/25ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl inj 125mg/25ml</i>	1	
<i>diltiazem hcl inj 125mg/25ml</i>	1	
<i>diltiazem hcl inj 50mg/10ml</i>	1	
<i>diltiazem hcl tabs 30mg</i>	1	MO
<i>diltiazem hcl tabs 60mg</i>	1	MO
<i>diltiazem hcl tabs 90mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 120mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 120mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 180mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 180mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 240mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 240mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 300mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 300mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 300mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 300mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	1	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	1	MO
<i>diltiazem hydrochloride er tb24 120mg</i>	1	MO
<i>diltiazem hydrochloride er tb24 180mg</i>	1	MO
<i>diltiazem hydrochloride er tb24 240mg</i>	1	MO
<i>diltiazem hydrochloride er tb24 300mg</i>	1	MO
<i>diltiazem hydrochloride er tb24 360mg</i>	1	MO
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	
<i>diltiazem hydrochloride tabs 120mg</i>	1	MO
<i>diltiazem hydrochloride tabs 30mg</i>	1	MO
<i>diltiazem hydrochloride tabs 60mg</i>	1	MO
<i>diltiazem hydrochloride tabs 90mg</i>	1	MO
<i>felodipine er tb24 10mg</i>	1	MO
<i>felodipine er tb24 2.5mg</i>	1	MO
<i>felodipine er tb24 5mg</i>	1	MO
<i>matzim la tb24 180mg</i>	1	MO
<i>matzim la tb24 240mg</i>	1	MO
<i>matzim la tb24 300mg</i>	1	MO
<i>matzim la tb24 360mg</i>	1	MO
<i>matzim la tb24 420mg</i>	1	MO
<i>nicardipine hcl caps 20mg</i>	1	MO
<i>nicardipine hcl caps 30mg</i>	1	MO
<i>nicardipine hydrochloride caps 20mg</i>	1	MO
<i>nicardipine hydrochloride caps 30mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	1	
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	1	
<i>nifediac cc tb24 30mg</i>	1	MO
<i>nifedipine er tb24 30mg</i>	1	MO
<i>nifedipine er tb24 30mg</i>	1	MO
<i>nifedipine er tb24 60mg</i>	1	MO
<i>nifedipine er tb24 60mg</i>	1	MO
<i>nifedipine er tb24 90mg</i>	1	MO
<i>nifedipine er tb24 90mg</i>	1	MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 25mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 25mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>taztia xt cp24 120mg</i>	1	MO
<i>taztia xt cp24 120mg</i>	1	MO
<i>taztia xt cp24 180mg</i>	1	MO
<i>taztia xt cp24 180mg</i>	1	MO
<i>taztia xt cp24 240mg</i>	1	MO
<i>taztia xt cp24 240mg</i>	1	MO
<i>taztia xt cp24 300mg</i>	1	MO
<i>taztia xt cp24 300mg</i>	1	MO
<i>taztia xt cp24 360mg</i>	1	MO
<i>taztia xt cp24 360mg</i>	1	MO
<i>telmisartan/amlodipine tabs 10mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 10mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 5mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>tiadylt er cp24 120mg</i>	1	MO
<i>tiadylt er cp24 180mg</i>	1	MO
<i>tiadylt er cp24 240mg</i>	1	MO
<i>tiadylt er cp24 300mg</i>	1	MO
<i>tiadylt er cp24 360mg</i>	1	MO
<i>tiadylt er cp24 420mg</i>	1	MO
<i>verapamil hcl er cp24 100mg</i>	1	MO
<i>verapamil hcl er cp24 120mg</i>	1	MO
<i>verapamil hcl er cp24 180mg</i>	1	MO
<i>verapamil hcl er cp24 240mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er cp24 300mg</i>	1	MO
<i>verapamil hcl er tbc 120mg</i>	1	MO
<i>verapamil hcl er tbc 240mg</i>	1	MO
<i>verapamil hcl sr cp24 120mg</i>	1	MO
<i>verapamil hcl sr cp24 180mg</i>	1	MO
<i>verapamil hcl sr cp24 240mg</i>	1	MO
<i>verapamil hcl sr cp24 360mg</i>	1	MO
<i>verapamil hcl tabs 40mg</i>	1	MO
<i>verapamil hcl tabs 80mg</i>	1	MO
<i>verapamil hydrochloride er cp24 200mg</i>	1	MO
<i>verapamil hydrochloride er tbc 180mg</i>	1	MO
<i>verapamil hydrochloride er tbc 240mg</i>	1	MO
<i>verapamil hydrochloride inj 2.5mg/ml</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	MO
Cardiac Drugs		
<i>amiodarone hcl inj 50mg/ml</i>	1	
<i>amiodarone hcl inj 50mg/ml</i>	1	
<i>amiodarone hcl inj 900mg/18ml</i>	1	
<i>amiodarone hcl tabs 400mg</i>	1	MO
<i>amiodarone hydrochloride inj 150mg/3ml</i>	1	
<i>amiodarone hydrochloride inj 450mg/9ml</i>	1	
<i>amiodarone hydrochloride inj 50mg/ml</i>	1	
<i>amiodarone hydrochloride inj 900mg/18ml</i>	1	
<i>amiodarone hydrochloride tabs 100mg</i>	1	MO
<i>amiodarone hydrochloride tabs 200mg</i>	1	MO
<i>amiodarone hydrochloride tabs 400mg</i>	1	MO
CAMZYOS CAPS 10MG	4	QL (1 EA per 1 days) PA
CAMZYOS CAPS 15MG	4	QL (1 EA per 1 days) PA
CAMZYOS CAPS 2.5MG	4	QL (1 EA per 1 days) PA
CAMZYOS CAPS 5MG	4	QL (1 EA per 1 days) PA
CORLANOR SOLN 5MG/5ML	3	PA MO
CORLANOR TABS 5MG	3	QL (2 EA per 1 days) PA MO
CORLANOR TABS 7.5MG	3	QL (2 EA per 1 days) PA MO
<i>digitek tabs 0.125mg</i>	1	MO
<i>digitek tabs 0.25mg</i>	1	MO
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin soln 0.05mg/ml</i>	1	MO
<i>digoxin tabs 125mcg</i>	1	MO
<i>digoxin tabs 250mcg</i>	1	MO
<i>digox tabs 125mcg</i>	1	MO
<i>digox tabs 250mcg</i>	1	MO
<i>disopyramide phosphate caps 100mg</i>	1	MO
<i>disopyramide phosphate caps 150mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide caps 125mcg</i>	1	MO
<i>dofetilide caps 250mcg</i>	1	MO
<i>dofetilide caps 500mcg</i>	1	MO
<i>flecainide acetate tabs 100mg</i>	1	MO
<i>flecainide acetate tabs 150mg</i>	1	MO
<i>flecainide acetate tabs 50mg</i>	1	MO
<i>ivabradine hydrochloride tabs 5mg</i>	1	QL (2 EA per 1 days) PA
<i>ivabradine hydrochloride tabs 7.5mg</i>	1	QL (2 EA per 1 days) PA
<i>lidocaine hcl in d5w inj 5%; 4mg/ml</i>	1	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml</i>	1	
<i>lidocaine hcl in d5w inj 5%; 8mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 8mg/ml</i>	1	
<i>lidocaine hcl inj 100mg/5ml</i>	1	
<i>lidocaine hcl inj 100mg/5ml</i>	1	
<i>lidocaine hcl inj 50mg/5ml</i>	1	
<i>lidocaine hcl inj 50mg/5ml</i>	1	
<i>mexiletine hcl caps 150mg</i>	1	MO
<i>mexiletine hcl caps 200mg</i>	1	MO
<i>mexiletine hcl caps 250mg</i>	1	MO
<i>mexiletine hydrochloride caps 150mg</i>	1	MO
<i>mexiletine hydrochloride caps 200mg</i>	1	MO
<i>mexiletine hydrochloride caps 250mg</i>	1	MO
MULTAQ TABS 400MG	2	PA MO
NORPACE CR CP12 100MG	3	MO
NORPACE CR CP12 150MG	3	MO
<i>pacerone tabs 100mg</i>	1	MO
<i>pacerone tabs 200mg</i>	1	MO
<i>pacerone tabs 400mg</i>	1	MO
<i>procainamide hcl inj 100mg/ml</i>	1	
<i>procainamide hcl inj 500mg/ml</i>	1	
<i>procainamide hydrochloride inj 500mg/ml</i>	1	
<i>propafenone hcl tabs 150mg</i>	1	MO
<i>propafenone hcl tabs 225mg</i>	1	MO
<i>propafenone hcl tabs 300mg</i>	1	MO
<i>propafenone hydrochloride tabs 150mg</i>	1	MO
<i>propafenone hydrochloride tabs 225mg</i>	1	MO
<i>propafenone hydrochloride tabs 300mg</i>	1	MO
<i>quinidine gluconate cr tbc 324mg</i>	1	MO
<i>quinidine gluconate er tbc 324mg</i>	1	MO
<i>quinidine sulfate tabs 200mg</i>	1	MO
<i>quinidine sulfate tabs 300mg</i>	1	MO
<i>ranolazine er tb12 1000mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine er tb12 500mg</i>	1	MO
VYNDAMAX CAPS 61MG	4	QL (1 EA per 1 days) PA
VYNDAQEL CAPS 20MG	4	QL (4 EA per 1 days) PA
Hypotensive Agents		
<i>clonidine hydrochloride tabs 0.1mg</i>	1	MO
<i>clonidine hydrochloride tabs 0.2mg</i>	1	MO
<i>clonidine hydrochloride tabs 0.3mg</i>	1	MO
<i>clonidine ptwk 0.1mg/24hr</i>	1	MO
<i>clonidine ptwk 0.2mg/24hr</i>	1	MO
<i>clonidine ptwk 0.3mg/24hr</i>	1	MO
<i>guanfacine hydrochloride tabs 1mg</i>	1	MO
<i>guanfacine hydrochloride tabs 2mg</i>	1	MO
<i>hydralazine hcl inj 20mg/ml</i>	1	
<i>hydralazine hcl tabs 10mg</i>	1	MO
<i>hydralazine hydrochloride tabs 100mg</i>	1	MO
<i>hydralazine hydrochloride tabs 10mg</i>	1	MO
<i>hydralazine hydrochloride tabs 25mg</i>	1	MO
<i>hydralazine hydrochloride tabs 50mg</i>	1	MO
<i>methyldopa tabs 250mg</i>	1	MO
<i>methyldopa tabs 500mg</i>	1	MO
<i>minoxidil tabs 10mg</i>	1	MO
<i>minoxidil tabs 2.5mg</i>	1	MO
Renin-Angiotensin-Aldosterone Sys Inhib		
<i>aliskiren tabs 150mg</i>	1	MO
<i>aliskiren tabs 300mg</i>	1	MO
<i>benazepril hcl tabs 10mg</i>	1	MO
<i>benazepril hcl tabs 40mg</i>	1	MO
<i>benazepril hcl tabs 5mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 25mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 16mg</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 32mg</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 4mg</i>	1	QL (1 EA per 1 days) MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tabs 8mg</i>	1	QL (1 EA per 1 days) MO
<i>captopril tabs 100mg</i>	1	MO
<i>captopril tabs 12.5mg</i>	1	MO
<i>captopril tabs 25mg</i>	1	MO
<i>captopril tabs 50mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	MO
<i>enalapril maleate tabs 10mg</i>	1	MO
<i>enalapril maleate tabs 2.5mg</i>	1	MO
<i>enalapril maleate tabs 20mg</i>	1	MO
<i>enalapril maleate tabs 5mg</i>	1	MO
ENTRESTO TABS 24MG; 26MG	2	QL (2 EA per 1 days) MO
ENTRESTO TABS 49MG; 51MG	2	QL (2 EA per 1 days) MO
ENTRESTO TABS 97MG; 103MG	2	QL (2 EA per 1 days) MO
<i>eplerenone tabs 25mg</i>	1	MO
<i>eplerenone tabs 50mg</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	MO
<i>fosinopril sodium tabs 10mg</i>	1	MO
<i>fosinopril sodium tabs 20mg</i>	1	MO
<i>fosinopril sodium tabs 40mg</i>	1	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	MO
<i>irbesartan tabs 150mg</i>	1	MO
<i>irbesartan tabs 300mg</i>	1	MO
<i>irbesartan tabs 75mg</i>	1	MO
KERENDIA TABS 10MG	3	QL (1 EA per 1 days) PA MO
KERENDIA TABS 20MG	3	QL (1 EA per 1 days) PA MO
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	MO
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	MO
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	MO
<i>lisinopril tabs 10mg</i>	1	MO
<i>lisinopril tabs 2.5mg</i>	1	MO
<i>lisinopril tabs 20mg</i>	1	MO
<i>lisinopril tabs 30mg</i>	1	MO
<i>lisinopril tabs 40mg</i>	1	MO
<i>lisinopril tabs 5mg</i>	1	MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	1	MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	MO
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	1	MO
<i>losartan potassium tabs 100mg</i>	1	MO
<i>losartan potassium tabs 25mg</i>	1	MO
<i>losartan potassium tabs 50mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl tabs 15mg</i>	1	MO
<i>moexipril hcl tabs 7.5mg</i>	1	MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs 20mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs 40mg</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs 5mg</i>	1	QL (1 EA per 1 days) MO
<i>perindopril erbumine tabs 2mg</i>	1	MO
<i>perindopril erbumine tabs 4mg</i>	1	MO
<i>perindopril erbumine tabs 8mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg</i>	1	MO
<i>quinapril hydrochloride tabs 20mg</i>	1	MO
<i>quinapril hydrochloride tabs 40mg</i>	1	MO
<i>quinapril hydrochloride tabs 5mg</i>	1	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	MO
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	MO
<i>ramipril caps 1.25mg</i>	1	MO
<i>ramipril caps 10mg</i>	1	MO
<i>ramipril caps 2.5mg</i>	1	MO
<i>ramipril caps 5mg</i>	1	MO
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	1	MO
<i>spironolactone tabs 100mg</i>	1	MO
<i>spironolactone tabs 25mg</i>	1	MO
<i>spironolactone tabs 50mg</i>	1	MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide tabs 25mg; 80mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan tabs 20mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan tabs 40mg</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan tabs 80mg</i>	1	QL (1 EA per 1 days) MO
<i>trandolapril tabs 1mg</i>	1	MO
<i>trandolapril tabs 2mg</i>	1	MO
<i>trandolapril tabs 4mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	1	MO
<i>valsartan tabs 160mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan tabs 320mg</i>	1	MO
<i>valsartan tabs 40mg</i>	1	MO
<i>valsartan tabs 80mg</i>	1	MO
Vasodilating Agents		
<i>alyq tabs 20mg</i>	1	QL (2 EA per 1 days) PA MO
<i>dipyridamole tabs 25mg</i>	1	MO
<i>dipyridamole tabs 50mg</i>	1	MO
<i>dipyridamole tabs 75mg</i>	1	MO
<i>isosorbide dinitrate tabs 10mg</i>	1	MO
<i>isosorbide dinitrate tabs 20mg</i>	1	MO
<i>isosorbide dinitrate tabs 30mg</i>	1	MO
<i>isosorbide dinitrate tabs 40mg</i>	1	MO
<i>isosorbide dinitrate tabs 5mg</i>	1	MO
<i>isosorbide mononitrate er tb24 120mg</i>	1	MO
<i>isosorbide mononitrate er tb24 30mg</i>	1	MO
<i>isosorbide mononitrate er tb24 60mg</i>	1	MO
<i>isosorbide mononitrate tabs 10mg</i>	1	MO
<i>isosorbide mononitrate tabs 20mg</i>	1	MO
<i>minitran pt24 0.1mg/hr</i>	1	MO
<i>minitran pt24 0.2mg/hr</i>	1	MO
<i>minitran pt24 0.4mg/hr</i>	1	MO
<i>minitran pt24 0.6mg/hr</i>	1	MO
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	MO
<i>nitroglycerin transdermal pt24 0.2mg/hr</i>	1	MO
<i>nitroglycerin transdermal pt24 0.4mg/hr</i>	1	MO
<i>nitroglycerin transdermal pt24 0.6mg/hr</i>	1	MO
<i>nitroglycerin inj 5mg/ml</i>	1	
<i>nitroglycerin soln 0.4mg/spray</i>	1	MO
<i>nitroglycerin subl 0.3mg</i>	1	MO
<i>nitroglycerin subl 0.4mg</i>	1	MO
<i>nitroglycerin subl 0.6mg</i>	1	MO
<i>sildenafil citrate susr 10mg/ml</i>	4	QL (6 ML per 1 days) PA MO
<i>sildenafil citrate tabs 100mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil citrate tabs 100mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil citrate tabs 20mg</i>	1	QL (3 EA per 1 days) PA MO
<i>sildenafil citrate tabs 25mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil citrate tabs 25mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil citrate tabs 50mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil citrate tabs 50mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil tabs 100mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil tabs 25mg</i>	5	QL (6 EA per 30 days) ED
<i>sildenafil tabs 50mg</i>	5	QL (6 EA per 30 days) ED
<i>tadalafil tabs 20mg</i>	1	QL (2 EA per 1 days) PA MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
TADLIQ SUSP 20MG/5ML	4	QL (10 ML per 1 days) PA
VERQUVO TABS 10MG	3	QL (1 EA per 1 days) PA
VERQUVO TABS 2.5MG	3	QL (1 EA per 1 days) PA
VERQUVO TABS 5MG	3	QL (1 EA per 1 days) PA
Central Nervous System Agents		
Amyotrophic Lateral Sclerosis (ALS) Agents		
<i>edaravone inj 30mg/100ml</i>	1	PA
Analgesics and Antipyretics		
<i>acetaminophen/codeine phosphate tabs 300mg; 15mg</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 30mg</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	1	QL (166 ML per 1 days)
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine tabs 300mg; 30mg</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	QL (13 EA per 1 days)
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>bac tabs 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine hcl subl 2mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hcl subl 8mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (2 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine ptwk 10mcg/hr</i>	1	QL (4 EA per 28 days) ST
<i>buprenorphine ptwk 15mcg/hr</i>	1	QL (4 EA per 28 days) ST
<i>buprenorphine ptwk 20mcg/hr</i>	1	QL (4 EA per 28 days) ST
<i>buprenorphine ptwk 5mcg/hr</i>	1	QL (4 EA per 28 days) ST
<i>buprenorphine ptwk 7.5mcg/hr</i>	1	QL (4 EA per 28 days) ST
<i>butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg</i>	1	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</i>	1	QL (13 EA per 1 days)

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	1	
<i>celecoxib caps 100mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 200mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 400mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 50mg</i>	1	QL (2 EA per 1 days) MO
<i>codeine sulfate tabs 30mg</i>	1	
<i>codeine sulfate tabs 60mg</i>	1	
<i>diclofenac potassium tabs 50mg</i>	1	MO
<i>diclofenac sodium dr tbec 25mg</i>	1	MO
<i>diclofenac sodium dr tbec 50mg</i>	1	MO
<i>diclofenac sodium dr tbec 75mg</i>	1	MO
<i>diclofenac sodium er tb24 100mg</i>	1	MO
<i>duramorph inj 0.5mg/ml</i>	1	
<i>duramorph inj 1mg/ml</i>	1	
<i>ec-naproxen tbec 375mg</i>	1	
<i>ec-naproxen tbec 500mg</i>	1	MO
<i>endocet tabs 325mg; 10mg</i>	1	QL (12 EA per 1 days)
<i>endocet tabs 325mg; 2.5mg</i>	1	QL (12 EA per 1 days)
<i>endocet tabs 325mg; 5mg</i>	1	QL (12 EA per 1 days)
<i>endocet tabs 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>etodolac caps 200mg</i>	1	MO
<i>etodolac caps 300mg</i>	1	MO
<i>etodolac tabs 400mg</i>	1	MO
<i>etodolac tabs 500mg</i>	1	MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	4	QL (4 EA per 1 days) PA
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	4	QL (4 EA per 1 days) PA
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	QL (4 EA per 1 days) PA
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	4	QL (4 EA per 1 days) PA
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	4	QL (4 EA per 1 days) PA
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	4	QL (4 EA per 1 days) PA
<i>fentanyl pt72 100mcg/hr</i>	1	QL (10 EA per 30 days) ST
<i>fentanyl pt72 12mcg/hr</i>	1	QL (10 EA per 30 days) ST
<i>fentanyl pt72 25mcg/hr</i>	1	QL (10 EA per 30 days) ST
<i>fentanyl pt72 50mcg/hr</i>	1	QL (10 EA per 30 days) ST
<i>fentanyl pt72 75mcg/hr</i>	1	QL (10 EA per 30 days) ST
<i>flurbiprofen tabs 100mg</i>	1	MO
<i>flurbiprofen tabs 50mg</i>	1	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL (184 ML per 1 days)

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg</i>	1	
<i>hydrocodone/ibuprofen tabs 5mg; 200mg</i>	1	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	1	
<i>hydromorphone hcl inj 10mg/ml</i>	1	
<i>hydromorphone hcl inj 1mg/ml</i>	1	
<i>hydromorphone hcl inj 1mg/ml</i>	1	
<i>hydromorphone hcl inj 1mg/ml</i>	1	
<i>hydromorphone hcl inj 4mg/ml</i>	1	
<i>hydromorphone hcl tabs 2mg</i>	1	
<i>hydromorphone hcl tabs 4mg</i>	1	
<i>hydromorphone hcl tabs 8mg</i>	1	
<i>hydromorphone hydrochloride inj 1mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 2mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 2mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 4mg/ml</i>	1	
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	1	
<i>ibuprofen susp 100mg/5ml</i>	1	
<i>ibuprofen tabs 400mg</i>	1	MO
<i>ibuprofen tabs 600mg</i>	1	MO
<i>ibuprofen tabs 800mg</i>	1	MO
<i>ibu tabs 400mg</i>	1	MO
<i>ibu tabs 400mg</i>	1	MO
<i>ibu tabs 400mg</i>	1	MO
<i>ibu tabs 600mg</i>	1	MO
<i>ibu tabs 800mg</i>	1	MO
LAZANDA SOLN 100MCG/ACT	4	PA
LAZANDA SOLN 400MCG/ACT	4	PA
<i>meloxicam tabs 15mg</i>	1	MO
<i>meloxicam tabs 7.5mg</i>	1	MO
<i>methadone hcl inj 10mg/ml</i>	1	
<i>methadone hcl soln 10mg/5ml</i>	1	
<i>methadone hcl soln 5mg/5ml</i>	1	
<i>methadone hcl tabs 10mg</i>	1	
<i>methadone hcl tabs 5mg</i>	1	
<i>methadone hydrochloride intensol conc 10mg/ml</i>	1	
<i>methadone hydrochloride conc 10mg/ml</i>	1	
<i>methadone hydrochloride conc 10mg/ml</i>	1	
<i>methadone hydrochloride conc 10mg/ml</i>	1	
<i>methadone hydrochloride conc 10mg/ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride conc 10mg/ml</i>	1	
<i>methadone hydrochloride soln 10mg/5ml</i>	1	
<i>methadone hydrochloride soln 5mg/5ml</i>	1	
<i>methadone hydrochloride tabs 10mg</i>	1	
<i>methadone hydrochloride tabs 5mg</i>	1	
<i>methadose sugar-free conc 10mg/ml</i>	2	
METHADOSE CONC 10MG/ML	2	
<i>morphine sulfate er tbcr 100mg</i>	1	QL (3 EA per 1 days)
<i>morphine sulfate er tbcr 15mg</i>	1	QL (3 EA per 1 days)
<i>morphine sulfate er tbcr 200mg</i>	1	QL (3 EA per 1 days)
<i>morphine sulfate er tbcr 30mg</i>	1	QL (3 EA per 1 days)
<i>morphine sulfate er tbcr 60mg</i>	1	QL (3 EA per 1 days)
<i>morphine sulfate inj 0.5mg/ml</i>	1	
<i>morphine sulfate inj 10mg/ml</i>	1	
<i>morphine sulfate inj 10mg/ml</i>	1	
<i>morphine sulfate inj 10mg/ml</i>	1	
<i>morphine sulfate inj 1mg/ml</i>	1	
<i>morphine sulfate inj 2mg/ml</i>	1	
<i>morphine sulfate inj 4mg/ml</i>	1	
<i>morphine sulfate inj 4mg/ml</i>	1	
<i>morphine sulfate inj 4mg/ml</i>	1	
<i>morphine sulfate inj 50mg/ml</i>	1	
<i>morphine sulfate inj 5mg/ml</i>	1	
<i>morphine sulfate inj 8mg/ml</i>	1	
<i>morphine sulfate soln 100mg/5ml</i>	1	
<i>morphine sulfate soln 10mg/5ml</i>	1	
<i>morphine sulfate soln 20mg/5ml</i>	1	
<i>morphine sulfate tabs 15mg</i>	1	
<i>morphine sulfate tabs 30mg</i>	1	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	MO
<i>nalbuphine hcl inj 10mg/ml</i>	1	
<i>nalbuphine hcl inj 20mg/ml</i>	1	
<i>naproxen dr tbec 375mg</i>	1	MO
<i>naproxen susp 125mg/5ml</i>	1	MO
<i>naproxen tabs 250mg</i>	1	MO
<i>naproxen tabs 375mg</i>	1	MO
<i>naproxen tabs 500mg</i>	1	MO
<i>naproxen tbec 500mg</i>	1	MO
<i>naproxen tbec 500mg</i>	1	MO
OXYCODONE HCL ER T12A 15MG	3	QL (3 EA per 1 days) PA
OXYCODONE HCL ER T12A 30MG	3	QL (3 EA per 1 days) PA
OXYCODONE HCL ER T12A 40MG	3	QL (3 EA per 1 days) PA

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Drug Name	Drug Tier	Requirements/Limits
OXYCODONE HCL ER T12A 60MG	3	QL (3 EA per 1 days) PA
OXYCODONE HCL ER T12A 80MG	3	QL (3 EA per 1 days) PA
<i>oxycodone hcl caps 5mg</i>	1	
OXYCODONE HYDROCHLORIDE ER T12A 10MG	3	QL (3 EA per 1 days) PA
OXYCODONE HYDROCHLORIDE ER T12A 20MG	3	QL (3 EA per 1 days) PA
<i>oxycodone hydrochloride er t12a 40mg</i>	3	QL (3 EA per 1 days) PA
<i>oxycodone hydrochloride caps 5mg</i>	1	
<i>oxycodone hydrochloride conc 100mg/5ml</i>	1	
<i>oxycodone hydrochloride soln 5mg/5ml</i>	1	
<i>oxycodone hydrochloride tabs 10mg</i>	1	
<i>oxycodone hydrochloride tabs 15mg</i>	1	
<i>oxycodone hydrochloride tabs 20mg</i>	1	
<i>oxycodone hydrochloride tabs 30mg</i>	1	
<i>oxycodone hydrochloride tabs 5mg</i>	1	
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	1	QL (12 EA per 1 days)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	1	QL (12 EA per 1 days)
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	1	QL (12 EA per 1 days)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
OXYCONTIN T12A 10MG	3	QL (3 EA per 1 days) PA
OXYCONTIN T12A 15MG	3	QL (3 EA per 1 days) PA
OXYCONTIN T12A 20MG	3	QL (3 EA per 1 days) PA
OXYCONTIN T12A 30MG	3	QL (3 EA per 1 days) PA
OXYCONTIN T12A 40MG	3	QL (3 EA per 1 days) PA
OXYCONTIN T12A 60MG	3	QL (3 EA per 1 days) PA
OXYCONTIN T12A 80MG	3	QL (3 EA per 1 days) PA
<i>piroxicam caps 10mg</i>	1	MO
<i>piroxicam caps 20mg</i>	1	MO
<i>sulindac tabs 150mg</i>	1	MO
<i>sulindac tabs 200mg</i>	1	MO
<i>tencon tabs 325mg; 50mg</i>	1	QL (12 EA per 1 days)
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	1	QL (8 EA per 1 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL (8 EA per 1 days)
Anorexic Agents and Respiratory and CNS Stimulants		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	1	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	1	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	1	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	1	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	1	QL (2 EA per 1 days) MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	1	MO
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	MO
<i>armodafinil tabs 150mg</i>	1	QL (1 EA per 1 days) PA MO
<i>armodafinil tabs 200mg</i>	1	QL (1 EA per 1 days) PA MO
<i>armodafinil tabs 250mg</i>	1	QL (1 EA per 1 days) PA MO
<i>armodafinil tabs 50mg</i>	1	QL (3 EA per 1 days) PA MO
<i>dexmethylphenidate hcl er cp24 20mg</i>	1	QL (2 EA per 1 days) MO
<i>dexmethylphenidate hcl er cp24 35mg</i>	1	QL (2 EA per 1 days) MO
<i>dexmethylphenidate hcl tabs 10mg</i>	1	MO
<i>dexmethylphenidate hcl tabs 5mg</i>	1	MO
<i>dexmethylphenidate hydrochloride er cp24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>dexmethylphenidate hydrochloride er cp24 15mg</i>	1	QL (2 EA per 1 days) MO
<i>dexmethylphenidate hydrochloride er cp24 30mg</i>	1	QL (2 EA per 1 days) MO
<i>dexmethylphenidate hydrochloride er cp24 40mg</i>	1	QL (2 EA per 1 days) MO
<i>dexmethylphenidate hydrochloride er cp24 5mg</i>	1	QL (2 EA per 1 days) MO
<i>dexmethylphenidate hydrochloride cp24 25mg</i>	1	QL (2 EA per 1 days) MO
<i>dexmethylphenidate hydrochloride tabs 10mg</i>	1	MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	1	MO
<i>dexmethylphenidate hydrochloride tabs 5mg</i>	1	MO
<i>dextroamphetamine sulfate er cp24 10mg</i>	1	MO
<i>dextroamphetamine sulfate er cp24 15mg</i>	1	MO
<i>dextroamphetamine sulfate er cp24 5mg</i>	1	MO
<i>dextroamphetamine sulfate tabs 10mg</i>	1	MO
<i>dextroamphetamine sulfate tabs 5mg</i>	1	MO
<i>lisdexamfetamine dimesylate caps 10mg</i>	1	QL (2 EA per 1 days) ST MO
<i>lisdexamfetamine dimesylate caps 20mg</i>	1	QL (2 EA per 1 days) ST MO
<i>lisdexamfetamine dimesylate caps 30mg</i>	1	QL (2 EA per 1 days) ST MO
<i>lisdexamfetamine dimesylate caps 40mg</i>	1	QL (2 EA per 1 days) ST MO
<i>lisdexamfetamine dimesylate caps 50mg</i>	1	QL (2 EA per 1 days) ST MO
<i>lisdexamfetamine dimesylate caps 60mg</i>	1	QL (2 EA per 1 days) ST MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate caps 70mg</i>	1	QL (2 EA per 1 days) ST MO
<i>methylphenidate hydrochloride cd cpcr 10mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride cd cpcr 20mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride cd cpcr 30mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride cd cpcr 50mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride cd cpcr 60mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cp24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cp24 20mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cp24 30mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cp24 40mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 10mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 30mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 40mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er cpcr 60mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tb24 18mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tb24 27mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tb24 36mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tb24 54mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcr 10mg</i>	1	MO
<i>methylphenidate hydrochloride er tbcr 18mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcr 20mg</i>	1	MO
<i>methylphenidate hydrochloride er tbcr 27mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcr 27mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcr 36mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcr 36mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcr 54mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbcr 54mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride tabs 10mg</i>	1	MO
<i>methylphenidate hydrochloride tabs 20mg</i>	1	MO
<i>methylphenidate hydrochloride tabs 5mg</i>	1	MO
<i>modafinil tabs 100mg</i>	1	QL (1 EA per 1 days) PA MO
<i>modafinil tabs 200mg</i>	1	QL (2 EA per 1 days) PA MO
WAKIX TABS 17.8MG	4	QL (2 EA per 1 days) PA
WAKIX TABS 4.45MG	4	QL (4 EA per 1 days) PA
Anticonvulsants		
APTIOM TABS 200MG	4	QL (1 EA per 1 days) PA MO
APTIOM TABS 400MG	4	QL (1 EA per 1 days) PA MO
APTIOM TABS 600MG	4	QL (2 EA per 1 days) PA MO
APTIOM TABS 800MG	4	QL (1 EA per 1 days) PA MO
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOLN 10MG/ML	4	PA MO
BRIVIACT TABS 100MG	4	QL (2 EA per 1 days) PA MO
BRIVIACT TABS 10MG	4	QL (2 EA per 1 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TABS 25MG	4	QL (2 EA per 1 days) PA MO
BRIVIACT TABS 50MG	4	QL (2 EA per 1 days) PA MO
BRIVIACT TABS 75MG	4	QL (2 EA per 1 days) PA MO
<i>carbamazepine er cp12 100mg</i>	1	MO
<i>carbamazepine er cp12 200mg</i>	1	MO
<i>carbamazepine er cp12 300mg</i>	1	MO
<i>carbamazepine er tb12 100mg</i>	1	MO
<i>carbamazepine er tb12 200mg</i>	1	MO
<i>carbamazepine er tb12 400mg</i>	1	MO
<i>carbamazepine chew 100mg</i>	1	MO
<i>carbamazepine susp 100mg/5ml</i>	1	MO
<i>carbamazepine tabs 200mg</i>	1	MO
<i>clobazam susp 2.5mg/ml</i>	1	PA MO
<i>clobazam tabs 10mg</i>	1	MO
<i>clobazam tabs 20mg</i>	1	MO
<i>clonazepam odt tbdp 0.125mg</i>	1	MO
<i>clonazepam odt tbdp 0.25mg</i>	1	MO
<i>clonazepam odt tbdp 0.5mg</i>	1	MO
<i>clonazepam odt tbdp 1mg</i>	1	MO
<i>clonazepam odt tbdp 2mg</i>	1	MO
<i>clonazepam tabs 0.5mg</i>	1	MO
<i>clonazepam tabs 1mg</i>	1	MO
<i>clonazepam tabs 2mg</i>	1	MO
DIACOMIT CAPS 250MG	4	PA MO
DIACOMIT CAPS 500MG	4	PA MO
DIACOMIT PACK 250MG	4	PA MO
DIACOMIT PACK 500MG	4	PA MO
<i>dilantin infatabs chew 50mg</i>	1	MO
DILANTIN-125 SUSP 125MG/5ML	2	MO
<i>dilantin caps 100mg</i>	1	MO
<i>dilantin caps 30mg</i>	3	MO
<i>divalproex sodium dr tbec 125mg</i>	1	MO
<i>divalproex sodium dr tbec 250mg</i>	1	MO
<i>divalproex sodium dr tbec 500mg</i>	1	MO
<i>divalproex sodium er tb24 250mg</i>	1	MO
<i>divalproex sodium er tb24 500mg</i>	1	MO
<i>divalproex sodium csdr 125mg</i>	1	MO
EPIDIOLEX SOLN 100MG/ML	4	PA MO
<i>epitol tabs 200mg</i>	1	MO
EPRONTIA SOLN 25MG/ML	3	QL (16 ML per 1 days) PA
<i>ethosuximide caps 250mg</i>	1	MO
<i>ethosuximide soln 250mg/5ml</i>	1	MO
<i>felbamate susp 600mg/5ml</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate tabs 400mg</i>	1	MO
<i>felbamate tabs 600mg</i>	1	MO
FINTEPLA SOLN 2.2MG/ML	4	QL (11.82 ML per 1 days) PA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
FYCOMPA SUSP 0.5MG/ML	4	QL (24 ML per 1 days) PA MO
FYCOMPA TABS 10MG	4	QL (1 EA per 1 days) PA MO
FYCOMPA TABS 12MG	4	QL (1 EA per 1 days) PA MO
FYCOMPA TABS 2MG	3	QL (1 EA per 1 days) PA MO
FYCOMPA TABS 4MG	4	QL (1 EA per 1 days) PA MO
FYCOMPA TABS 6MG	4	QL (1 EA per 1 days) PA MO
FYCOMPA TABS 8MG	4	QL (1 EA per 1 days) PA MO
<i>gabapentin caps 100mg</i>	1	MO
<i>gabapentin caps 300mg</i>	1	MO
<i>gabapentin caps 400mg</i>	1	MO
<i>gabapentin soln 250mg/5ml</i>	1	MO
<i>gabapentin tabs 600mg</i>	1	MO
<i>gabapentin tabs 800mg</i>	1	MO
<i>lacosamide inj 200mg/20ml</i>	1	
<i>lacosamide soln 10mg/ml</i>	1	MO
<i>lacosamide tabs 100mg</i>	1	QL (2 EA per 1 days) MO
<i>lacosamide tabs 150mg</i>	1	QL (2 EA per 1 days) MO
<i>lacosamide tabs 200mg</i>	1	QL (2 EA per 1 days) MO
<i>lacosamide tabs 50mg</i>	1	QL (2 EA per 1 days) MO
<i>lamotrigine er tb24 100mg</i>	1	ST
<i>lamotrigine er tb24 200mg</i>	1	ST
<i>lamotrigine er tb24 250mg</i>	1	ST
<i>lamotrigine er tb24 25mg</i>	1	ST
<i>lamotrigine er tb24 300mg</i>	1	ST
<i>lamotrigine er tb24 50mg</i>	1	ST
<i>lamotrigine odt tbdp 100mg</i>	1	MO
<i>lamotrigine odt tbdp 200mg</i>	1	MO
<i>lamotrigine odt tbdp 25mg</i>	1	MO
<i>lamotrigine odt tbdp 50mg</i>	1	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	1	QL (35 EA per 180 days)
<i>lamotrigine starter kit/green kit 0</i>	1	QL (98 EA per 180 days)
<i>lamotrigine starter kit/orange kit 0</i>	1	QL (49 EA per 180 days)
<i>lamotrigine chew 25mg</i>	1	MO
<i>lamotrigine chew 5mg</i>	1	MO
<i>lamotrigine tabs 100mg</i>	1	MO
<i>lamotrigine tabs 150mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tabs 200mg</i>	1	MO
<i>lamotrigine tabs 25mg</i>	1	MO
<i>levetiracetam er tb24 500mg</i>	1	MO
<i>levetiracetam er tb24 750mg</i>	1	MO
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml</i>	1	
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml</i>	1	
<i>levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml</i>	1	
<i>levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml</i>	1	
<i>levetiracetam inj 1500mg/100ml; 540mg/100ml</i>	1	
<i>levetiracetam inj 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	
<i>levetiracetam soln 100mg/ml</i>	1	MO
<i>levetiracetam tabs 1000mg</i>	1	MO
<i>levetiracetam tabs 250mg</i>	1	MO
<i>levetiracetam tabs 500mg</i>	1	MO
<i>levetiracetam tabs 750mg</i>	1	MO
LIBERVANT FILM 10MG	3	QL (10 EA per 30 days) PA
LIBERVANT FILM 12.5MG	3	QL (10 EA per 30 days) PA
LIBERVANT FILM 15MG	3	QL (10 EA per 30 days) PA
LIBERVANT FILM 5MG	3	QL (10 EA per 30 days) PA
LIBERVANT FILM 7.5MG	3	QL (10 EA per 30 days) PA
<i>magnesium sulfate inj 20gm/500ml</i>	1	
<i>magnesium sulfate inj 2gm/50ml</i>	1	
<i>magnesium sulfate inj 40gm/1000ml</i>	1	
<i>magnesium sulfate inj 4gm/100ml</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
<i>methsuximide caps 300mg</i>	1	MO
NAYZILAM SOLN 5MG/0.1ML	3	QL (10 EA per 30 days)
<i>oxcarbazepine susp 300mg/5ml</i>	1	MO
<i>oxcarbazepine tabs 150mg</i>	1	MO
<i>oxcarbazepine tabs 300mg</i>	1	MO
<i>oxcarbazepine tabs 600mg</i>	1	MO
<i>phenytek caps 200mg</i>	1	
<i>phenytek caps 300mg</i>	1	
<i>phenytoin infatabs chew 50mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended caps 100mg</i>	1	MO
<i>phenytoin sodium extended caps 200mg</i>	1	MO
<i>phenytoin sodium extended caps 300mg</i>	1	MO
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>phenytoin chew 50mg</i>	1	MO
<i>phenytoin susp 125mg/5ml</i>	1	MO
<i>pregabalin caps 100mg</i>	1	QL (3 EA per 1 days) MO
<i>pregabalin caps 150mg</i>	1	QL (3 EA per 1 days) MO
<i>pregabalin caps 200mg</i>	1	QL (3 EA per 1 days) MO
<i>pregabalin caps 225mg</i>	1	QL (3 EA per 1 days) MO
<i>pregabalin caps 25mg</i>	1	QL (3 EA per 1 days) MO
<i>pregabalin caps 300mg</i>	1	QL (3 EA per 1 days) MO
<i>pregabalin caps 50mg</i>	1	QL (3 EA per 1 days) MO
<i>pregabalin caps 75mg</i>	1	QL (3 EA per 1 days) MO
<i>pregabalin soln 20mg/ml</i>	1	MO
<i>primidone tabs 125mg</i>	1	MO
<i>primidone tabs 250mg</i>	1	MO
<i>primidone tabs 50mg</i>	1	MO
ROWEEPRA TABS 500MG	1	MO
<i>rufinamide susp 40mg/ml</i>	4	PA MO
<i>rufinamide tabs 200mg</i>	1	MO
<i>rufinamide tabs 400mg</i>	4	MO
SPRITAM TB3D 1000MG	3	QL (2 EA per 1 days) PA MO
SPRITAM TB3D 250MG	3	QL (2 EA per 1 days) PA MO
SPRITAM TB3D 500MG	3	QL (2 EA per 1 days) PA MO
SPRITAM TB3D 750MG	3	QL (4 EA per 1 days) PA MO
<i>subvenite starter kit/blue kit 25mg</i>	1	QL (35 EA per 180 days)
<i>subvenite starter kit/green kit 0</i>	1	QL (98 EA per 180 days)
<i>subvenite starter kit/orange kit 0</i>	1	QL (49 EA per 180 days)
<i>subvenite tabs 100mg</i>	1	MO
<i>subvenite tabs 150mg</i>	1	MO
<i>subvenite tabs 200mg</i>	1	MO
<i>subvenite tabs 25mg</i>	1	MO
SYMPAZAN FILM 10MG	4	QL (2 EA per 1 days) PA
SYMPAZAN FILM 20MG	4	QL (2 EA per 1 days) PA
SYMPAZAN FILM 5MG	3	QL (2 EA per 1 days) PA
<i>tiagabine hydrochloride tabs 12mg</i>	1	MO
<i>tiagabine hydrochloride tabs 16mg</i>	1	MO
<i>tiagabine hydrochloride tabs 2mg</i>	1	MO
<i>tiagabine hydrochloride tabs 4mg</i>	1	MO
<i>topiramate csp 15mg</i>	1	MO
<i>topiramate csp 25mg</i>	1	MO
<i>topiramate tabs 100mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tabs 200mg</i>	1	MO
<i>topiramate tabs 25mg</i>	1	MO
<i>topiramate tabs 50mg</i>	1	MO
<i>valproate sodium inj 100mg/ml</i>	1	
<i>valproic acid caps 250mg</i>	1	MO
<i>valproic acid soln 250mg/5ml</i>	1	MO
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	4	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	4	QL (20 EA per 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	4	QL (20 EA per 30 days)
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	4	QL (10 EA per 30 days)
<i>vigabatrin pack 500mg</i>	4	PA LA MO
<i>vigabatrin tabs 500mg</i>	4	PA LA MO
<i>vigadrone pack 500mg</i>	4	PA LA MO
<i>vigadrone tabs 500mg</i>	4	PA LA MO
<i>vigpoder pack 500mg</i>	4	PA
XCOPRI TABS 100MG	4	QL (1 EA per 1 days) PA
XCOPRI TABS 150MG	4	QL (2 EA per 1 days) PA
XCOPRI TABS 200MG	4	QL (2 EA per 1 days) PA
XCOPRI TABS 25MG	4	QL (1 EA per 1 days) PA
XCOPRI TABS 50MG	4	QL (1 EA per 1 days) PA
XCOPRI TBPK 0	4	QL (2 EA per 1 days) PA
XCOPRI TBPK 0	3	QL (28 EA per 180 days) PA
XCOPRI TBPK 0	4	QL (28 EA per 180 days) PA
XCOPRI TBPK 0	4	QL (2 EA per 1 days) PA
XCOPRI TBPK 0	4	QL (28 EA per 180 days) PA
XCOPRI TBPK 0	4	QL (2 EA per 1 days) PA
ZONISADE SUSP 100MG/5ML	3	QL (20 ML per 1 days) PA MO
<i>zonisamide caps 100mg</i>	1	MO
<i>zonisamide caps 25mg</i>	1	MO
<i>zonisamide caps 50mg</i>	1	MO
ZTALMY SUSP 50MG/ML	4	PA MO
Antimanic Agents		
<i>lithium carbonate er tbcr 300mg</i>	1	MO
<i>lithium carbonate er tbcr 450mg</i>	1	MO
<i>lithium carbonate caps 150mg</i>	1	MO
<i>lithium carbonate caps 300mg</i>	1	MO
<i>lithium carbonate caps 600mg</i>	1	MO
<i>lithium carbonate tabs 300mg</i>	1	MO
LITHIUM SOLN 8MEQ/5ML	2	PA
Antimigraine Agents		
AIMOVIG INJ 140MG/ML	3	QL (1 ML per 30 days) PA MO
AIMOVIG INJ 70MG/ML	3	QL (1 ML per 30 days) PA MO
<i>eletriptan hydrobromide tabs 20mg</i>	1	QL (12 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tabs 40mg</i>	1	QL (12 EA per 30 days)
EMGALITY INJ 100MG/ML	4	PA
EMGALITY INJ 120MG/ML	3	PA
EMGALITY INJ 120MG/ML	3	PA
<i>migergot supp 100mg; 2mg</i>	4	
<i>naratriptan hcl tabs 1mg</i>	1	QL (9 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	QL (9 EA per 30 days)
REYVOW TABS 100MG	2	QL (8 EA per 30 days) PA
REYVOW TABS 50MG	2	QL (4 EA per 30 days) PA
<i>rizatriptan benzoate odt tbdp 10mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 5mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan soln 20mg/act</i>	1	QL (12 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	1	QL (12 EA per 30 days)
UBRELVY TABS 100MG	4	QL (16 EA per 30 days) PA
UBRELVY TABS 50MG	4	QL (16 EA per 30 days) PA
<i>zolmitriptan odt tbdp 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tabs 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	1	QL (12 EA per 30 days)
Antiparkinsonian Agents		
<i>amantadine hcl caps 100mg</i>	1	MO
<i>amantadine hcl soln 50mg/5ml</i>	1	MO
<i>amantadine hcl tabs 100mg</i>	1	MO
<i>amantadine hydrochloride tabs 100mg</i>	1	MO
<i>apomorphine hydrochloride inj 30mg/3ml</i>	4	PA
<i>benztropine mesylate tabs 0.5mg</i>	1	MO
<i>benztropine mesylate tabs 1mg</i>	1	MO
<i>benztropine mesylate tabs 2mg</i>	1	MO
<i>bromocriptine mesylate caps 5mg</i>	1	MO
<i>bromocriptine mesylate tabs 2.5mg</i>	1	MO
<i>cabergoline tabs 0.5mg</i>	1	
<i>carbidopa/levodopa er tbcr 25mg; 100mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa er tbc</i> 50mg; 200mg	1	MO
<i>carbidopa/levodopa/entacapone tabs</i> 12.5mg; 200mg; 50mg	1	MO
<i>carbidopa/levodopa/entacapone tabs</i> 18.75mg; 200mg; 75mg	1	MO
<i>carbidopa/levodopa/entacapone tabs</i> 25mg; 200mg; 100mg	1	MO
<i>carbidopa/levodopa/entacapone tabs</i> 31.25mg; 200mg; 125mg	1	MO
<i>carbidopa/levodopa/entacapone tabs</i> 37.5mg; 200mg; 150mg	1	MO
<i>carbidopa/levodopa/entacapone tabs</i> 50mg; 200mg; 200mg	1	MO
<i>carbidopa/levodopa tabs</i> 10mg; 100mg	1	MO
<i>carbidopa/levodopa tabs</i> 25mg; 100mg	1	MO
<i>carbidopa/levodopa tabs</i> 25mg; 250mg	1	MO
<i>carbidopa tabs</i> 25mg	1	MO
EMSAM PT24 12MG/24HR	4	QL (1 EA per 1 days) PA MO
EMSAM PT24 6MG/24HR	4	QL (1 EA per 1 days) PA MO
EMSAM PT24 9MG/24HR	4	QL (1 EA per 1 days) PA MO
<i>entacapone tabs</i> 200mg	1	MO
INBRIJA CAPS 42MG	4	PA
KYNMOBI TITRATION KIT KIT 0	4	PA
KYNMOBI FILM 10MG	4	PA
KYNMOBI FILM 15MG	4	PA
KYNMOBI FILM 20MG	4	PA
KYNMOBI FILM 25MG	4	PA
KYNMOBI FILM 30MG	4	PA
NEUPRO PT24 1MG/24HR	3	QL (1 EA per 1 days) PA MO
NEUPRO PT24 2MG/24HR	3	QL (1 EA per 1 days) PA MO
NEUPRO PT24 3MG/24HR	3	QL (1 EA per 1 days) PA MO
NEUPRO PT24 4MG/24HR	3	QL (1 EA per 1 days) PA MO
NEUPRO PT24 6MG/24HR	3	QL (1 EA per 1 days) PA MO
NEUPRO PT24 8MG/24HR	3	QL (1 EA per 1 days) PA MO
ONGENTYS CAPS 25MG	2	QL (1 EA per 1 days) ST MO
ONGENTYS CAPS 50MG	2	QL (1 EA per 1 days) ST MO
<i>pramipexole dihydrochloride tabs</i> 0.125mg	1	MO
<i>pramipexole dihydrochloride tabs</i> 0.25mg	1	MO
<i>pramipexole dihydrochloride tabs</i> 0.5mg	1	MO
<i>pramipexole dihydrochloride tabs</i> 0.75mg	1	MO
<i>pramipexole dihydrochloride tabs</i> 1.5mg	1	MO
<i>pramipexole dihydrochloride tabs</i> 1mg	1	MO
<i>rasagiline mesylate tabs</i> 0.5mg	1	QL (1 EA per 1 days) ST MO
<i>rasagiline mesylate tabs</i> 1mg	1	QL (1 EA per 1 days) ST MO
<i>ropinirole hcl tabs</i> 0.5mg	1	MO
<i>ropinirole hcl tabs</i> 1mg	1	MO
<i>ropinirole hcl tabs</i> 2mg	1	MO
<i>ropinirole hcl tabs</i> 4mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hcl tabs 5mg</i>	1	MO
<i>ropinirole hydrochloride tabs 0.25mg</i>	1	MO
<i>ropinirole hydrochloride tabs 0.5mg</i>	1	MO
<i>ropinirole hydrochloride tabs 1mg</i>	1	MO
<i>ropinirole hydrochloride tabs 2mg</i>	1	MO
<i>ropinirole hydrochloride tabs 3mg</i>	1	MO
<i>ropinirole hydrochloride tabs 4mg</i>	1	MO
<i>ropinirole hydrochloride tabs 5mg</i>	1	MO
RYTARY CPR 23.75MG; 95MG	3	QL (12 EA per 1 days) PA
RYTARY CPR 36.25MG; 145MG	3	QL (9 EA per 1 days) PA
RYTARY CPR 48.75MG; 195MG	3	QL (12 EA per 1 days) PA
RYTARY CPR 61.25MG; 245MG	3	QL (10 EA per 1 days) PA
<i>selegiline hcl caps 5mg</i>	1	MO
<i>selegiline hcl tabs 5mg</i>	1	MO
<i>selegiline hydrochloride caps 5mg</i>	1	MO
<i>selegiline hydrochloride tabs 5mg</i>	1	MO
<i>trihexyphenidyl hcl soln 0.4mg/ml</i>	1	MO
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	1	MO
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	1	MO
Anxiolytics, Sedatives, and Hypnotics		
<i>alprazolam intensol conc 1mg/ml</i>	1	
<i>alprazolam tabs 0.25mg</i>	1	
<i>alprazolam tabs 0.5mg</i>	1	
<i>alprazolam tabs 1mg</i>	1	
<i>alprazolam tabs 2mg</i>	1	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 10mg</i>	1	
<i>bupirone hydrochloride tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 30mg</i>	1	
<i>bupirone hydrochloride tabs 5mg</i>	1	
<i>bupirone hydrochloride tabs 7.5mg</i>	1	
<i>chlordiazepoxide hcl caps 10mg</i>	1	
<i>chlordiazepoxide hcl caps 5mg</i>	1	
<i>chlordiazepoxide hydrochloride caps 10mg</i>	1	
<i>chlordiazepoxide hydrochloride caps 25mg</i>	1	
<i>chlordiazepoxide hydrochloride caps 5mg</i>	1	
<i>clorazepate dipotassium tabs 15mg</i>	1	
<i>clorazepate dipotassium tabs 3.75mg</i>	1	
<i>clorazepate dipotassium tabs 7.5mg</i>	1	
DIASTAT ACUDIAL GEL 10MG	3	
DIASTAT ACUDIAL GEL 20MG	3	
DIASTAT PEDIATRIC GEL 2.5MG	3	
<i>diazepam intensol conc 5mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DIAZEPAM RECTAL GEL GEL 10MG	1	
DIAZEPAM RECTAL GEL GEL 2.5MG	1	
DIAZEPAM RECTAL GEL GEL 20MG	1	
<i>diazepam conc 5mg/ml</i>	1	
<i>diazepam inj 5mg/ml</i>	1	
<i>diazepam inj 5mg/ml</i>	1	
<i>diazepam soln 5mg/5ml</i>	1	
<i>diazepam tabs 10mg</i>	1	
<i>diazepam tabs 2mg</i>	1	
<i>diazepam tabs 5mg</i>	1	
<i>eszopiclone tabs 1mg</i>	1	QL (1 EA per 1 days)
<i>eszopiclone tabs 2mg</i>	1	QL (1 EA per 1 days)
<i>eszopiclone tabs 3mg</i>	1	QL (1 EA per 1 days)
HETLIOZ LQ SUSP 4MG/ML	4	QL (5 ML per 1 days) PA
<i>hydroxyzine hcl inj 25mg/ml</i>	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine hydrochloride inj 50mg/ml</i>	1	
<i>hydroxyzine hydrochloride syrp 10mg/5ml</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg</i>	1	
<i>hydroxyzine hydrochloride tabs 25mg</i>	1	
<i>hydroxyzine hydrochloride tabs 50mg</i>	1	MO
<i>hydroxyzine hydrochloride tabs 50mg</i>	1	MO
<i>hydroxyzine hydrochloride tabs 50mg</i>	1	MO
<i>hydroxyzine pamoate caps 100mg</i>	1	
<i>hydroxyzine pamoate caps 25mg</i>	1	MO
<i>hydroxyzine pamoate caps 50mg</i>	1	MO
<i>lorazepam intensol conc 2mg/ml</i>	1	
<i>lorazepam conc 2mg/ml</i>	1	
<i>lorazepam tabs 0.5mg</i>	1	
<i>lorazepam tabs 1mg</i>	1	
<i>lorazepam tabs 2mg</i>	1	
<i>midazolam hcl inj 10mg/10ml</i>	1	
<i>midazolam hcl inj 10mg/10ml</i>	1	
<i>midazolam hcl inj 10mg/2ml</i>	1	
<i>midazolam hcl inj 10mg/2ml</i>	1	
<i>midazolam hcl inj 10mg/2ml</i>	1	
<i>midazolam hcl inj 10mg/2ml</i>	1	
<i>midazolam hcl inj 25mg/5ml</i>	1	
<i>midazolam hcl inj 25mg/5ml</i>	1	
<i>midazolam hcl inj 2mg/2ml</i>	1	
<i>midazolam hcl inj 2mg/2ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 5mg/5ml</i>	1	
<i>midazolam hcl inj 5mg/5ml</i>	1	
<i>midazolam hcl inj 5mg/ml</i>	1	
<i>midazolam hcl inj 5mg/ml</i>	1	
<i>midazolam hcl inj 5mg/ml</i>	1	
<i>midazolam hcl inj 5mg/ml</i>	1	
<i>midazolam hydrochloride inj 10mg/10ml</i>	1	
<i>midazolam hydrochloride inj 10mg/10ml</i>	1	
<i>midazolam hydrochloride inj 10mg/10ml</i>	1	
<i>midazolam hydrochloride inj 10mg/2ml</i>	1	
<i>midazolam hydrochloride inj 10mg/2ml</i>	1	
<i>midazolam hydrochloride inj 25mg/5ml</i>	1	
<i>midazolam hydrochloride inj 25mg/5ml</i>	1	
<i>midazolam hydrochloride inj 25mg/5ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 50mg/10ml</i>	1	
<i>midazolam hydrochloride inj 50mg/10ml</i>	1	
<i>midazolam hydrochloride inj 50mg/10ml</i>	1	
<i>midazolam hydrochloride inj 50mg/10ml</i>	1	
<i>midazolam hydrochloride inj 50mg/10ml</i>	1	
<i>midazolam hydrochloride inj 50mg/10ml</i>	1	
<i>midazolam hydrochloride inj 50mg/10ml</i>	1	
<i>midazolam hydrochloride inj 5mg/5ml</i>	1	
<i>midazolam hydrochloride inj 5mg/5ml</i>	1	
<i>midazolam hydrochloride inj 5mg/5ml</i>	1	
<i>midazolam hydrochloride inj 5mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hydrochloride inj 5mg/5ml</i>	1	
<i>midazolam hydrochloride inj 5mg/5ml</i>	1	
<i>midazolam hydrochloride inj 5mg/ml</i>	1	
<i>midazolam hydrochloride inj 5mg/ml</i>	1	
<i>phenobarbital elix 20mg/5ml</i>	1	MO
<i>phenobarbital tabs 100mg</i>	1	MO
<i>phenobarbital tabs 15mg</i>	1	MO
<i>phenobarbital tabs 16.2mg</i>	1	MO
<i>phenobarbital tabs 30mg</i>	1	MO
<i>phenobarbital tabs 32.4mg</i>	1	MO
<i>phenobarbital tabs 60mg</i>	1	MO
<i>phenobarbital tabs 64.8mg</i>	1	MO
<i>phenobarbital tabs 97.2mg</i>	1	MO
<i>ramelteon tabs 8mg</i>	1	ST MO
<i>tasimelteon caps 20mg</i>	4	QL (1 EA per 1 days) PA MO
<i>temazepam caps 15mg</i>	1	QL (1 EA per 1 days)
<i>temazepam caps 22.5mg</i>	1	QL (1 EA per 1 days)
<i>temazepam caps 30mg</i>	1	QL (1 EA per 1 days)
<i>temazepam caps 7.5mg</i>	1	QL (1 EA per 1 days)
<i>zaleplon caps 10mg</i>	1	QL (1 EA per 1 days)
<i>zaleplon caps 5mg</i>	1	QL (1 EA per 1 days)
<i>zolpidem tartrate tabs 10mg</i>	1	QL (1 EA per 1 days)
<i>zolpidem tartrate tabs 5mg</i>	1	QL (1 EA per 1 days)
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr tbec 333mg</i>	1	MO
<i>atomoxetine hydrochloride caps 100mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 10mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 18mg</i>	1	QL (5 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 25mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 40mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 60mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 80mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine caps 100mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine caps 10mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine caps 18mg</i>	1	QL (5 EA per 1 days) MO
<i>atomoxetine caps 25mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine caps 40mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine caps 60mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine caps 80mg</i>	1	QL (1 EA per 1 days) MO
DAYBUE SOLN 200MG/ML	4	QL (120 ML per 1 days) PA
<i>guanfacine hydrochloride er tb24 1mg</i>	1	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride er tb24 2mg</i>	1	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride er tb24 3mg</i>	1	QL (2 EA per 1 days) MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hydrochloride er tb24 4mg</i>	1	QL (1 EA per 1 days) MO
<i>memantine hcl titration pak tabs 0</i>	1	
<i>memantine hydrochloride soln 2mg/ml</i>	1	MO
<i>memantine hydrochloride tabs 10mg</i>	1	MO
<i>memantine hydrochloride tabs 5mg</i>	1	MO
NUEDEXTA CAPS 20MG; 10MG	4	QL (2 EA per 1 days) PA MO
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	4	QL (70 ML per 180 days) PA
RADICAVA ORS SUSP 105MG/5ML	4	QL (50 ML per 28 days) PA
RADICAVA INJ 30MG/100ML	4	PA MO
RELYVRIO PACK 3GM; 1GM	4	QL (2 EA per 1 days) PA
<i>riluzole tabs 50mg</i>	1	MO
<i>sodium oxybate soln 500mg/ml</i>	4	PA LA
VEOZAH TABS 45MG	2	QL (1 EA per 1 days) PA MO
XYREM SOLN 500MG/ML	4	PA LA
XYWAV SOLN 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	4	QL (18 ML per 1 days) PA
<i>Fibromyalgia Agents</i>		
SAVELLA TITRATION PACK MISC 0	2	QL (55 EA per 180 days) PA
SAVELLA TABS 100MG	2	QL (2 EA per 1 days) PA MO
SAVELLA TABS 12.5MG	2	QL (2 EA per 1 days) PA MO
SAVELLA TABS 25MG	2	QL (2 EA per 1 days) PA MO
SAVELLA TABS 50MG	2	QL (2 EA per 1 days) PA MO
<i>Opiate Antagonists</i>		
KLOXXADO LIQD 8MG/0.1ML	2	
<i>naloxone hcl inj 4mg/10ml</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride inj 2mg/2ml</i>	1	
<i>naloxone hydrochloride liqd 4mg/0.1ml</i>	1	
<i>naltrexone hcl tabs 50mg</i>	1	
<i>naltrexone hydrochloride tabs 50mg</i>	1	
OPVEE SOLN 2.7MG/0.1ML	2	
ZIMHI INJ 5MG/0.5ML	2	
<i>Psychotherapeutic Agents</i>		
ABILIFY ASIMTUFII INJ 720MG/2.4ML	4	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INJ 960MG/3.2ML	4	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INJ 300MG	4	MO
ABILIFY MAINTENA INJ 300MG	4	MO
ABILIFY MAINTENA INJ 400MG	4	MO
ABILIFY MAINTENA INJ 400MG	4	MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 10MG	4	QL (1 EA per 1 days) PA
ABILIFY MYCITE MAINTENANCE KIT TBPK 15MG	4	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 20MG	4	QL (1 EA per 1 days) PA MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE MAINTENANCE KIT TBPk 2MG	4	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE MAINTENANCE KIT TBPk 30MG	4	QL (1 EA per 1 days) PA
ABILIFY MYCITE MAINTENANCE KIT TBPk 5MG	4	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE STARTER KIT TBPk 10MG	4	QL (1 EA per 1 days) PA MO
ABILIFY MYCITE STARTER KIT TBPk 15MG	4	QL (1 EA per 1 days) PA
ABILIFY MYCITE STARTER KIT TBPk 20MG	4	QL (1 EA per 1 days) PA
ABILIFY MYCITE STARTER KIT TBPk 2MG	4	QL (1 EA per 1 days) PA
ABILIFY MYCITE STARTER KIT TBPk 30MG	4	QL (1 EA per 1 days) PA
ABILIFY MYCITE STARTER KIT TBPk 5MG	4	QL (1 EA per 1 days) PA
ABILIFY MYCITE TABS 30MG	4	QL (1 EA per 1 days) PA MO
<i>amitriptyline hcl tabs 100mg</i>	1	MO
<i>amitriptyline hcl tabs 150mg</i>	1	MO
<i>amitriptyline hcl tabs 25mg</i>	1	MO
<i>amitriptyline hcl tabs 75mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 100mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 10mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 150mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 25mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 50mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 75mg</i>	1	MO
<i>amoxapine tabs 100mg</i>	1	MO
<i>amoxapine tabs 150mg</i>	1	MO
<i>amoxapine tabs 25mg</i>	1	MO
<i>amoxapine tabs 50mg</i>	1	MO
<i>aripiprazole odt tbdp 10mg</i>	4	MO
<i>aripiprazole odt tbdp 15mg</i>	4	MO
<i>aripiprazole soln 1mg/ml</i>	1	MO
<i>aripiprazole tabs 10mg</i>	1	MO
<i>aripiprazole tabs 15mg</i>	1	MO
<i>aripiprazole tabs 20mg</i>	1	MO
<i>aripiprazole tabs 2mg</i>	1	MO
<i>aripiprazole tabs 30mg</i>	1	MO
<i>aripiprazole tabs 5mg</i>	1	MO
ARISTADA INITIO INJ 675MG/2.4ML	4	QL (2.4 ML per 180 days) PA
ARISTADA INJ 1064MG/3.9ML	4	QL (3.9 ML per 60 days) PA MO
ARISTADA INJ 441MG/1.6ML	4	PA MO
ARISTADA INJ 662MG/2.4ML	4	PA MO
ARISTADA INJ 882MG/3.2ML	4	PA MO
<i>asenapine maleate sl subl 10mg</i>	1	ST MO
<i>asenapine maleate sl subl 2.5mg</i>	1	ST MO
<i>asenapine maleate sl subl 5mg</i>	1	ST MO
AUVELITY TBCR 105MG; 45MG	3	QL (2 EA per 1 days) PA MO
<i>bupropion hcl tabs 100mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tabs 75mg</i>	1	MO
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	1	MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	MO
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	1	MO
<i>bupropion hydrochloride tabs 100mg</i>	1	MO
<i>bupropion hydrochloride tabs 75mg</i>	1	MO
CAPLYTA CAPS 10.5MG	4	QL (1 EA per 1 days) PA MO
CAPLYTA CAPS 21MG	4	QL (1 EA per 1 days) PA MO
CAPLYTA CAPS 42MG	4	QL (1 EA per 1 days) PA MO
<i>chlordiazepoxide/amitriptyline tabs 12.5mg; 5mg</i>	1	MO
<i>chlordiazepoxide/amitriptyline tabs 25mg; 10mg</i>	1	MO
<i>chlorpromazine hcl inj 25mg/ml</i>	1	
<i>chlorpromazine hcl inj 25mg/ml</i>	1	
<i>chlorpromazine hcl inj 50mg/2ml</i>	1	
<i>chlorpromazine hcl tabs 100mg</i>	1	MO
<i>chlorpromazine hcl tabs 10mg</i>	1	MO
<i>chlorpromazine hcl tabs 200mg</i>	1	MO
<i>chlorpromazine hcl tabs 25mg</i>	1	MO
<i>chlorpromazine hcl tabs 50mg</i>	1	MO
<i>chlorpromazine hydrochloride inj 25mg/ml</i>	1	
<i>chlorpromazine hydrochloride tabs 100mg</i>	1	MO
<i>chlorpromazine hydrochloride tabs 10mg</i>	1	MO
<i>chlorpromazine hydrochloride tabs 200mg</i>	1	MO
<i>chlorpromazine hydrochloride tabs 25mg</i>	1	MO
<i>chlorpromazine hydrochloride tabs 50mg</i>	1	MO
<i>citalopram hydrobromide soln 10mg/5ml</i>	1	MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (1.5 EA per 1 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (1 EA per 1 days) PA MO
<i>citalopram tabs 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>citalopram tabs 40mg</i>	1	QL (1 EA per 1 days) PA MO
<i>clomipramine hcl caps 25mg</i>	1	MO
<i>clomipramine hcl caps 50mg</i>	1	MO
<i>clomipramine hcl caps 75mg</i>	1	MO
<i>clomipramine hydrochloride caps 25mg</i>	1	MO
<i>clomipramine hydrochloride caps 50mg</i>	1	MO
<i>clomipramine hydrochloride caps 75mg</i>	1	MO
<i>clozapine odt tbdp 100mg</i>	1	ST
<i>clozapine odt tbdp 12.5mg</i>	1	ST
<i>clozapine odt tbdp 150mg</i>	1	ST

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine odt tbdp 200mg</i>	4	ST
<i>clozapine odt tbdp 25mg</i>	1	ST
<i>clozapine tabs 100mg</i>	1	
<i>clozapine tabs 200mg</i>	1	
<i>clozapine tabs 25mg</i>	1	
<i>clozapine tabs 50mg</i>	1	
<i>compro supp 25mg</i>	1	
<i>desipramine hcl tabs 100mg</i>	1	MO
<i>desipramine hcl tabs 10mg</i>	1	MO
<i>desipramine hcl tabs 150mg</i>	1	MO
<i>desipramine hcl tabs 25mg</i>	1	MO
<i>desipramine hcl tabs 50mg</i>	1	MO
<i>desipramine hcl tabs 75mg</i>	1	MO
<i>desipramine hydrochloride tabs 100mg</i>	1	MO
<i>desipramine hydrochloride tabs 10mg</i>	1	MO
<i>desipramine hydrochloride tabs 150mg</i>	1	MO
<i>desipramine hydrochloride tabs 25mg</i>	1	MO
<i>desipramine hydrochloride tabs 50mg</i>	1	MO
<i>desipramine hydrochloride tabs 75mg</i>	1	MO
<i>desvenlafaxine er tb24 100mg</i>	1	QL (1 EA per 1 days) MO
<i>desvenlafaxine er tb24 25mg</i>	1	QL (1 EA per 1 days) MO
<i>desvenlafaxine er tb24 50mg</i>	1	QL (1 EA per 1 days) MO
<i>doxepin hcl caps 100mg</i>	1	MO
<i>doxepin hcl caps 10mg</i>	1	MO
<i>doxepin hcl caps 50mg</i>	1	MO
<i>doxepin hcl caps 75mg</i>	1	MO
<i>doxepin hcl conc 10mg/ml</i>	1	MO
<i>doxepin hydrochloride caps 100mg</i>	1	MO
<i>doxepin hydrochloride caps 10mg</i>	1	MO
<i>doxepin hydrochloride caps 150mg</i>	1	MO
<i>doxepin hydrochloride caps 25mg</i>	1	MO
<i>doxepin hydrochloride caps 50mg</i>	1	MO
<i>doxepin hydrochloride caps 75mg</i>	1	MO
<i>doxepin hydrochloride tabs 3mg</i>	1	QL (1 EA per 1 days) ST MO
<i>doxepin hydrochloride tabs 6mg</i>	1	QL (1 EA per 1 days) ST MO
DRIZALMA SPRINKLE CSDR 20MG	3	QL (2 EA per 1 days) PA MO
DRIZALMA SPRINKLE CSDR 30MG	3	QL (1 EA per 1 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	3	QL (1 EA per 1 days) PA MO
DRIZALMA SPRINKLE CSDR 60MG	3	QL (2 EA per 1 days) PA MO
<i>duloxetine hcl cpep 30mg</i>	1	MO
<i>duloxetine hcl cpep 40mg</i>	1	MO
<i>duloxetine hydrochloride cpep 20mg</i>	1	MO
<i>duloxetine hydrochloride cpep 30mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hydrochloride cpep 40mg</i>	1	MO
<i>duloxetine hydrochloride cpep 60mg</i>	1	MO
<i>escitalopram oxalate soln 5mg/5ml</i>	1	MO
<i>escitalopram oxalate tabs 10mg</i>	1	MO
<i>escitalopram oxalate tabs 20mg</i>	1	MO
<i>escitalopram oxalate tabs 5mg</i>	1	MO
FANAPT TITRATION PACK TABS 0	3	QL (8 EA per 180 days) ST
FANAPT TABS 10MG	4	QL (2 EA per 1 days) ST
FANAPT TABS 12MG	4	QL (2 EA per 1 days) ST
FANAPT TABS 1MG	4	QL (2 EA per 1 days) ST
FANAPT TABS 2MG	4	QL (2 EA per 1 days) ST
FANAPT TABS 4MG	4	QL (2 EA per 1 days) ST
FANAPT TABS 6MG	4	QL (2 EA per 1 days) ST
FANAPT TABS 8MG	4	QL (2 EA per 1 days) ST
FETZIMA TITRATION PACK C4PK 0	3	PA
FETZIMA CP24 120MG	3	QL (1 EA per 1 days) PA MO
FETZIMA CP24 20MG	3	QL (1 EA per 1 days) PA MO
FETZIMA CP24 40MG	3	QL (1 EA per 1 days) PA MO
FETZIMA CP24 80MG	3	QL (1 EA per 1 days) PA MO
<i>fluoxetine dr cpdr 90mg</i>	1	MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	MO
<i>fluoxetine hydrochloride caps 20mg</i>	1	MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	MO
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	1	MO
<i>fluoxetine hydrochloride tabs 10mg</i>	1	MO
<i>fluoxetine hydrochloride tabs 20mg</i>	1	MO
<i>fluoxetine hydrochloride tabs 60mg</i>	1	MO
<i>fluphenazine decanoate inj 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml</i>	1	MO
<i>fluphenazine hcl tabs 1mg</i>	1	MO
<i>fluphenazine hydrochloride elix 2.5mg/5ml</i>	1	MO
<i>fluphenazine hydrochloride inj 2.5mg/ml</i>	1	
<i>fluphenazine hydrochloride tabs 10mg</i>	1	MO
<i>fluphenazine hydrochloride tabs 1mg</i>	1	MO
<i>fluphenazine hydrochloride tabs 2.5mg</i>	1	MO
<i>fluphenazine hydrochloride tabs 5mg</i>	1	MO
<i>fluvoxamine maleate tabs 100mg</i>	1	MO
<i>fluvoxamine maleate tabs 25mg</i>	1	MO
<i>fluvoxamine maleate tabs 50mg</i>	1	MO
<i>haloperidol decanoate inj 100mg/ml</i>	1	
<i>haloperidol decanoate inj 100mg/ml</i>	1	
<i>haloperidol decanoate inj 50mg/ml</i>	1	
<i>haloperidol decanoate inj 50mg/ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate inj 5mg/ml</i>	1	
<i>haloperidol conc 2mg/ml</i>	1	MO
<i>haloperidol tabs 0.5mg</i>	1	MO
<i>haloperidol tabs 10mg</i>	1	MO
<i>haloperidol tabs 1mg</i>	1	MO
<i>haloperidol tabs 20mg</i>	1	MO
<i>haloperidol tabs 2mg</i>	1	MO
<i>haloperidol tabs 5mg</i>	1	MO
<i>imipramine hcl tabs 10mg</i>	1	MO
<i>imipramine hcl tabs 25mg</i>	1	MO
<i>imipramine hcl tabs 50mg</i>	1	MO
<i>imipramine hydrochloride tabs 10mg</i>	1	MO
<i>imipramine hydrochloride tabs 25mg</i>	1	MO
<i>imipramine hydrochloride tabs 50mg</i>	1	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	4	QL (3.5 ML per 180 days) PA
INVEGA HAFYERA INJ 1560MG/5ML	4	QL (5 ML per 180 days) PA
INVEGA SUSTENNA INJ 117MG/0.75ML	4	
INVEGA SUSTENNA INJ 156MG/ML	4	
INVEGA SUSTENNA INJ 234MG/1.5ML	4	
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 78MG/0.5ML	4	
INVEGA TRINZA INJ 273MG/0.88ML	4	PA
INVEGA TRINZA INJ 410MG/1.32ML	4	PA
INVEGA TRINZA INJ 546MG/1.75ML	4	PA
INVEGA TRINZA INJ 819MG/2.63ML	4	PA
<i>loxapine succinate caps 10mg</i>	1	MO
<i>loxapine succinate caps 25mg</i>	1	MO
<i>loxapine succinate caps 50mg</i>	1	MO
<i>loxapine succinate caps 5mg</i>	1	MO
<i>loxapine caps 10mg</i>	1	MO
<i>loxapine caps 25mg</i>	1	MO
<i>loxapine caps 50mg</i>	1	MO
<i>loxapine caps 5mg</i>	1	MO
<i>lurasidone hydrochloride tabs 120mg</i>	1	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 20mg</i>	1	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 40mg</i>	1	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 60mg</i>	1	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 80mg</i>	1	QL (2 EA per 1 days) MO
LYBALVI TABS 10MG; 10MG	4	QL (1 EA per 1 days) PA MO
LYBALVI TABS 15MG; 10MG	4	QL (1 EA per 1 days) PA MO
LYBALVI TABS 20MG; 10MG	4	QL (1 EA per 1 days) PA MO
LYBALVI TABS 5MG; 10MG	4	QL (1 EA per 1 days) PA MO
MARPLAN TABS 10MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine odt tbdp 15mg</i>	1	MO
<i>mirtazapine odt tbdp 30mg</i>	1	MO
<i>mirtazapine odt tbdp 45mg</i>	1	MO
<i>mirtazapine tabs 15mg</i>	1	MO
<i>mirtazapine tabs 30mg</i>	1	MO
<i>mirtazapine tabs 45mg</i>	1	MO
<i>mirtazapine tabs 7.5mg</i>	1	MO
<i>molindone hydrochloride tabs 10mg</i>	1	MO
<i>molindone hydrochloride tabs 25mg</i>	1	MO
<i>molindone hydrochloride tabs 5mg</i>	1	MO
<i>nefazodone hydrochloride tabs 100mg</i>	1	MO
<i>nefazodone hydrochloride tabs 150mg</i>	1	MO
<i>nefazodone hydrochloride tabs 200mg</i>	1	MO
<i>nefazodone hydrochloride tabs 250mg</i>	1	MO
<i>nefazodone hydrochloride tabs 50mg</i>	1	MO
<i>nortriptyline hcl caps 25mg</i>	1	MO
<i>nortriptyline hcl caps 75mg</i>	1	MO
<i>nortriptyline hcl soln 10mg/5ml</i>	1	MO
<i>nortriptyline hydrochloride caps 10mg</i>	1	MO
<i>nortriptyline hydrochloride caps 25mg</i>	1	MO
<i>nortriptyline hydrochloride caps 50mg</i>	1	MO
<i>nortriptyline hydrochloride caps 75mg</i>	1	MO
NUPLAZID CAPS 34MG	4	QL (1 EA per 1 days) PA MO
NUPLAZID TABS 10MG	4	QL (1 EA per 1 days) PA MO
<i>olanzapine odt tbdp 10mg</i>	1	MO
<i>olanzapine odt tbdp 15mg</i>	1	MO
<i>olanzapine odt tbdp 20mg</i>	1	MO
<i>olanzapine odt tbdp 5mg</i>	1	MO
<i>olanzapine/fluoxetine caps 25mg; 12mg</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 25mg; 3mg</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 25mg; 6mg</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 50mg; 12mg</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 50mg; 6mg</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine inj 10mg</i>	1	
<i>olanzapine tabs 10mg</i>	1	MO
<i>olanzapine tabs 15mg</i>	1	MO
<i>olanzapine tabs 2.5mg</i>	1	MO
<i>olanzapine tabs 20mg</i>	1	MO
<i>olanzapine tabs 5mg</i>	1	MO
<i>olanzapine tabs 7.5mg</i>	1	MO
<i>paliperidone er tb24 1.5mg</i>	1	ST MO
<i>paliperidone er tb24 3mg</i>	1	ST MO
<i>paliperidone er tb24 6mg</i>	1	ST MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er tb24 9mg</i>	1	ST MO
<i>paroxetine hcl tabs 30mg</i>	1	MO
<i>paroxetine hcl tabs 40mg</i>	1	MO
<i>paroxetine hydrochloride susp 10mg/5ml</i>	1	PA MO
<i>paroxetine hydrochloride tabs 10mg</i>	1	MO
<i>paroxetine hydrochloride tabs 20mg</i>	1	MO
<i>paroxetine hydrochloride tabs 30mg</i>	1	MO
<i>paroxetine hydrochloride tabs 40mg</i>	1	MO
<i>paroxetine caps 7.5mg</i>	1	QL (1 EA per 1 days) MO
<i>perphenazine/amitriptyline tabs 10mg; 2mg</i>	1	MO
<i>perphenazine/amitriptyline tabs 10mg; 4mg</i>	1	MO
<i>perphenazine/amitriptyline tabs 25mg; 2mg</i>	1	MO
<i>perphenazine/amitriptyline tabs 25mg; 4mg</i>	1	MO
<i>perphenazine/amitriptyline tabs 50mg; 4mg</i>	1	MO
<i>perphenazine tabs 16mg</i>	1	MO
<i>perphenazine tabs 2mg</i>	1	MO
<i>perphenazine tabs 4mg</i>	1	MO
<i>perphenazine tabs 8mg</i>	1	MO
<i>phenelzine sulfate tabs 15mg</i>	1	MO
<i>pimozide tabs 1mg</i>	1	MO
<i>pimozide tabs 2mg</i>	1	MO
<i>prochlorperazine edisylate inj 10mg/2ml</i>	1	
<i>prochlorperazine edisylate inj 50mg/10ml</i>	1	
<i>prochlorperazine maleate tabs 10mg</i>	1	MO
<i>prochlorperazine maleate tabs 5mg</i>	1	MO
<i>prochlorperazine supp 25mg</i>	1	
<i>protriptyline hcl tabs 10mg</i>	1	MO
<i>protriptyline hcl tabs 5mg</i>	1	MO
<i>quetiapine fumarate er tb24 150mg</i>	1	MO
<i>quetiapine fumarate er tb24 200mg</i>	1	MO
<i>quetiapine fumarate er tb24 300mg</i>	1	MO
<i>quetiapine fumarate er tb24 400mg</i>	1	MO
<i>quetiapine fumarate er tb24 50mg</i>	1	MO
<i>quetiapine fumarate tabs 100mg</i>	1	MO
<i>quetiapine fumarate tabs 150mg</i>	1	MO
<i>quetiapine fumarate tabs 200mg</i>	1	MO
<i>quetiapine fumarate tabs 25mg</i>	1	MO
<i>quetiapine fumarate tabs 300mg</i>	1	MO
<i>quetiapine fumarate tabs 400mg</i>	1	MO
<i>quetiapine fumarate tabs 50mg</i>	1	MO
REXULTI TABS 0.25MG	4	QL (1 EA per 1 days) MO
REXULTI TABS 0.5MG	4	QL (1 EA per 1 days) MO
REXULTI TABS 1MG	4	QL (1 EA per 1 days) MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 2MG	4	QL (1 EA per 1 days) MO
REXULTI TABS 3MG	4	QL (1 EA per 1 days) MO
REXULTI TABS 4MG	4	QL (1 EA per 1 days) MO
<i>risperidone er inj 12.5mg</i>	1	
<i>risperidone er inj 25mg</i>	1	
<i>risperidone er inj 37.5mg</i>	1	
<i>risperidone er inj 50mg</i>	1	
<i>risperidone odt tbdp 0.25mg</i>	1	MO
<i>risperidone odt tbdp 0.5mg</i>	1	MO
<i>risperidone odt tbdp 1mg</i>	1	MO
<i>risperidone odt tbdp 2mg</i>	1	MO
<i>risperidone odt tbdp 3mg</i>	1	MO
<i>risperidone odt tbdp 4mg</i>	1	MO
<i>risperidone soln 1mg/ml</i>	1	MO
<i>risperidone tabs 0.25mg</i>	1	MO
<i>risperidone tabs 0.5mg</i>	1	MO
<i>risperidone tabs 1mg</i>	1	MO
<i>risperidone tabs 2mg</i>	1	MO
<i>risperidone tabs 3mg</i>	1	MO
<i>risperidone tabs 4mg</i>	1	MO
SECUADO PT24 3.8MG/24HR	4	QL (1 EA per 1 days) PA
SECUADO PT24 5.7MG/24HR	4	QL (1 EA per 1 days) PA
SECUADO PT24 7.6MG/24HR	4	QL (1 EA per 1 days) PA
<i>sertraline hcl conc 20mg/ml</i>	1	MO
<i>sertraline hcl tabs 50mg</i>	1	MO
<i>sertraline hydrochloride conc 20mg/ml</i>	1	MO
<i>sertraline hydrochloride tabs 100mg</i>	1	MO
<i>sertraline hydrochloride tabs 25mg</i>	1	MO
<i>sertraline hydrochloride tabs 50mg</i>	1	MO
SPRAVATO 56MG DOSE SOPK 0	4	PA
SPRAVATO 84MG DOSE SOPK 0	4	PA
<i>thioridazine hcl tabs 100mg</i>	1	MO
<i>thioridazine hcl tabs 10mg</i>	1	MO
<i>thioridazine hcl tabs 25mg</i>	1	MO
<i>thioridazine hcl tabs 50mg</i>	1	MO
<i>thiothixene caps 10mg</i>	1	MO
<i>thiothixene caps 1mg</i>	1	MO
<i>thiothixene caps 2mg</i>	1	MO
<i>thiothixene caps 5mg</i>	1	MO
<i>trazodone hydrochloride tabs 100mg</i>	1	MO
<i>trazodone hydrochloride tabs 150mg</i>	1	MO
<i>trazodone hydrochloride tabs 300mg</i>	1	MO
<i>trazodone hydrochloride tabs 50mg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tabs 10mg</i>	1	MO
<i>trifluoperazine hcl tabs 1mg</i>	1	MO
<i>trifluoperazine hcl tabs 2mg</i>	1	MO
<i>trifluoperazine hcl tabs 5mg</i>	1	MO
<i>trifluoperazine hydrochloride tabs 10mg</i>	1	MO
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	MO
<i>trifluoperazine hydrochloride tabs 2mg</i>	1	MO
<i>trifluoperazine hydrochloride tabs 5mg</i>	1	MO
<i>trimipramine maleate caps 100mg</i>	1	MO
<i>trimipramine maleate caps 25mg</i>	1	MO
<i>trimipramine maleate caps 50mg</i>	1	MO
TRINTELLIX TABS 10MG	3	QL (1 EA per 1 days) PA MO
TRINTELLIX TABS 20MG	3	QL (1 EA per 1 days) PA MO
TRINTELLIX TABS 5MG	3	QL (1 EA per 1 days) PA MO
UZEDY INJ 100MG/0.28ML	4	QL (0.28 ML per 30 days)
UZEDY INJ 125MG/0.35ML	4	QL (0.35 ML per 30 days)
UZEDY INJ 150MG/0.42ML	4	QL (0.42 ML per 56 days)
UZEDY INJ 200MG/0.56ML	4	QL (0.56 ML per 56 days)
UZEDY INJ 250MG/0.7ML	4	QL (0.7 ML per 56 days)
UZEDY INJ 50MG/0.14ML	4	QL (0.14 ML per 30 days)
UZEDY INJ 75MG/0.21ML	4	QL (0.21 ML per 30 days)
VENLAFAXINE BESYLATE ER TB24 112.5MG	3	QL (1 EA per 1 days) MO
<i>venlafaxine hcl tabs 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 150mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	MO
<i>venlafaxine hydrochloride er tb24 225mg</i>	1	QL (1 EA per 1 days) MO
<i>venlafaxine hydrochloride tabs 100mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 25mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 50mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 75mg</i>	1	MO
VERSACLOZ SUSP 50MG/ML	4	PA
VIIBRYD STARTER PACK KIT 0	3	PA
<i>vilazodone hydrochloride tabs 10mg</i>	1	QL (1 EA per 1 days) PA MO
<i>vilazodone hydrochloride tabs 20mg</i>	1	QL (1 EA per 1 days) PA MO
<i>vilazodone hydrochloride tabs 40mg</i>	1	QL (1 EA per 1 days) PA MO
VRAYLAR CAPS 1.5MG	4	QL (1 EA per 1 days) ST MO
VRAYLAR CAPS 3MG	4	QL (1 EA per 1 days) ST MO
VRAYLAR CAPS 4.5MG	4	QL (1 EA per 1 days) ST MO
VRAYLAR CAPS 6MG	4	QL (1 EA per 1 days) ST MO
VRAYLAR CPPK 0	3	QL (7 EA per 180 days) ST
<i>ziprasidone hcl caps 20mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl caps 40mg</i>	1	MO
<i>ziprasidone hcl caps 60mg</i>	1	MO
<i>ziprasidone hcl caps 80mg</i>	1	MO
<i>ziprasidone hydrochloride caps 20mg</i>	1	MO
<i>ziprasidone hydrochloride caps 40mg</i>	1	MO
<i>ziprasidone hydrochloride caps 60mg</i>	1	MO
<i>ziprasidone hydrochloride caps 80mg</i>	1	MO
<i>ziprasidone mesylate inj 20mg</i>	1	
ZURZUVAE CAPS 20MG	2	QL (2 EA per 1 days) PA MO
ZURZUVAE CAPS 25MG	2	QL (2 EA per 1 days) PA MO
ZURZUVAE CAPS 30MG	2	QL (1 EA per 1 days) PA MO
ZYPREXA RELPREVV INJ 210MG	3	PA
ZYPREXA RELPREVV INJ 300MG	4	PA
ZYPREXA RELPREVV INJ 405MG	4	PA
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		
AUSTEDO TABS 12MG	4	QL (4 EA per 1 days) PA MO
AUSTEDO TABS 6MG	4	QL (2 EA per 1 days) PA MO
AUSTEDO TABS 9MG	4	QL (4 EA per 1 days) PA MO
INGREZZA CAPS 40MG	4	QL (1 EA per 1 days) PA MO
INGREZZA CAPS 60MG	4	QL (1 EA per 1 days) PA MO
INGREZZA CAPS 80MG	4	QL (1 EA per 1 days) PA MO
INGREZZA CPPK 0	4	QL (28 EA per 180 days) PA MO
<i>tetrabenazine tabs 12.5mg</i>	1	QL (8 EA per 1 days) PA MO
<i>tetrabenazine tabs 25mg</i>	1	QL (4 EA per 1 days) PA MO
Devices		
<i>Devices</i>		
ALCOHOL PREP PADS PADS 70%	2	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	2	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PADS	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	2	QL (3 EA per 365 days) PA
OMNIPOD 5 G6 PODS (GEN 5) MISC	2	QL (10 EA per 30 days) PA
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	2	QL (3 EA per 365 days) PA
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	QL (10 EA per 30 days) PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	2	QL (3 EA per 365 days) PA

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD CLASSIC PODS (GEN 3) MISC	2	QL (10 EA per 30 days) PA
OMNIPOD DASH INTRO KIT (GEN 4) KIT	2	QL (3 EA per 365 days) PA
OMNIPOD DASH PDM KIT (GEN 4) KIT	2	QL (3 EA per 365 days) PA
OMNIPOD DASH PODS (GEN 4) MISC	2	QL (10 EA per 30 days) PA
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er tbcr 1080mg</i>	1	
<i>potassium citrate er tbcr 15meq</i>	1	
<i>potassium citrate er tbcr 540mg</i>	1	
<i>sodium bicarbonate inj 4.2%</i>	1	
<i>sodium bicarbonate inj 7.5%</i>	1	
<i>sodium bicarbonate inj 8.4%</i>	1	
<i>Ammonia Detoxicants</i>		
<i>carglumic acid tbsc 200mg</i>	4	PA LA MO
<i>constulose soln 10gm/15ml</i>	1	MO
<i>enulose soln 10gm/15ml</i>	1	MO
<i>generlac soln 10gm/15ml</i>	1	MO
<i>lactulose soln 10gm/15ml</i>	1	MO
<i>lactulose soln 10gm/15ml</i>	1	MO
RAVICTI LIQD 1.1GM/ML	4	PA MO
<i>sodium phenylbutyrate powd 3gm/tsp</i>	4	PA MO
<i>sodium phenylbutyrate tabs 500mg</i>	4	PA MO
<i>Caloric Agents</i>		
AMINOSYN II INJ 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 15% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 20% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
<i>clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	1	B/D
<i>clinolipid inj 1.2gm/100ml; 2.25gm/100ml; 16gm/100ml; 4gm/100ml</i>	4	B/D
<i>dextrose 10% inj 10%</i>	1	
<i>dextrose 25% inj 250mg/ml</i>	1	
<i>dextrose 30% inj 30%</i>	1	
<i>dextrose 5% inj 5%</i>	1	
<i>dextrose 50% inj 50%</i>	1	
<i>dextrose 50% inj 50%</i>	1	
<i>dextrose 70% inj 70%</i>	1	
<i>dextrose 70% inj 70%</i>	1	
<i>dextrose inj 40%</i>	1	
DOJOLVI LIQD 100%	4	PA
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D
INTRALIPID INJ 20GM/100ML	2	B/D
NUTRILIPID INJ 20GM/100ML	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>plenamine inj 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	1	B/D
<i>premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	3	B/D
PROCALAMINE INJ 47MEQ/L; 210MG/100ML; 290MG/100ML; 3MEQ/L; 41MEQ/L; 20MG/100ML; 3GM/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24.5MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	3	B/D
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	B/D
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
Diuretics		
<i>amiloride hcl tabs 5mg</i>	1	MO
<i>amiloride hydrochloride tabs 5mg</i>	1	MO
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	1	MO
<i>bumetanide inj 0.25mg/ml</i>	1	
<i>bumetanide tabs 0.5mg</i>	1	MO
<i>bumetanide tabs 1mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide tabs 2mg</i>	1	MO
<i>chlorothiazide sodium inj 500mg</i>	1	
<i>chlorthalidone tabs 25mg</i>	1	MO
<i>chlorthalidone tabs 50mg</i>	1	MO
<i>furosemide inj 10mg/ml</i>	1	
<i>furosemide soln 10mg/ml</i>	1	MO
<i>furosemide soln 40mg/5ml</i>	1	MO
<i>furosemide tabs 20mg</i>	1	MO
<i>furosemide tabs 40mg</i>	1	MO
<i>furosemide tabs 80mg</i>	1	MO
<i>hydrochlorothiazide caps 12.5mg</i>	1	MO
<i>hydrochlorothiazide tabs 12.5mg</i>	1	MO
<i>hydrochlorothiazide tabs 25mg</i>	1	MO
<i>hydrochlorothiazide tabs 50mg</i>	1	MO
<i>indapamide tabs 1.25mg</i>	1	MO
<i>indapamide tabs 2.5mg</i>	1	MO
JYNARQUE TABS 15MG	4	QL (4 EA per 1 days) PA MO
JYNARQUE TABS 30MG	4	QL (4 EA per 1 days) PA MO
JYNARQUE TBPK 0	4	QL (2 EA per 1 days) PA
JYNARQUE TBPK 0	4	QL (2 EA per 1 days) PA
JYNARQUE TBPK 0	4	QL (2 EA per 1 days) PA
JYNARQUE TBPK 0	4	QL (2 EA per 1 days) PA MO
JYNARQUE TBPK 15MG	4	QL (2 EA per 1 days) PA MO
<i>metolazone tabs 10mg</i>	1	MO
<i>metolazone tabs 2.5mg</i>	1	MO
<i>metolazone tabs 5mg</i>	1	MO
<i>toremide tabs 100mg</i>	1	MO
<i>toremide tabs 10mg</i>	1	MO
<i>toremide tabs 20mg</i>	1	MO
<i>toremide tabs 5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	1	MO
<i>triamterene caps 100mg</i>	1	MO
<i>triamterene caps 50mg</i>	1	MO
Ion-removing Agents		
FOSRENOL PACK 1000MG	3	ST MO
FOSRENOL PACK 750MG	3	ST MO
<i>kionex susp 15gm/60ml</i>	1	
<i>lanthanum carbonate chew 1000mg</i>	1	ST MO
<i>lanthanum carbonate chew 500mg</i>	1	ST MO
<i>lanthanum carbonate chew 750mg</i>	1	ST MO
LOKELMA PACK 10GM	3	QL (3 EA per 1 days) PA MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
LOKELMA PACK 5GM	3	QL (3 EA per 1 days) PA MO
<i>sevelamer carbonate pack 0.8gm</i>	1	MO
<i>sevelamer carbonate pack 2.4gm</i>	1	MO
<i>sevelamer carbonate tabs 800mg</i>	1	MO
<i>sevelamer hydrochloride tabs 400mg</i>	1	MO
<i>sevelamer hydrochloride tabs 800mg</i>	1	MO
<i>sodium polystyrene sulfonate powd 0</i>	1	
<i>sps susp 15gm/60ml</i>	1	
VELPHORO CHEW 500MG	4	ST MO
VELTASSA PACK 16.8GM	3	QL (1 EA per 1 days) PA
VELTASSA PACK 25.2GM	3	QL (1 EA per 1 days) PA
VELTASSA PACK 8.4GM	3	QL (1 EA per 1 days) PA
Irrigating Solutions		
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.9% soln 0.9%</i>	1	
<i>sterile water for irrigation soln 0</i>	1	
<i>sterile water for irrigation soln 0</i>	1	
<i>tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
Replacement Preparations		
<i>calcium acetate caps 667mg</i>	1	MO
<i>calcium acetate tabs 667mg</i>	1	MO
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
<i>dextrose 10%/sodium chloride 0.2% inj 10%; 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45% inj 10%; 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%</i>	1	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/sodium chloride 0.2% inj 5%; 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.33% inj 5%; 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	1	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	1	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	1	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	1	
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	3	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	1	
KCL 0.15%/D5W/NACL 0.225% INJ 5%; 20MEQ/L; 0.225%	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con 10 tbc 10meq</i>	1	MO
<i>klor-con 8 tbc 8meq</i>	1	MO
<i>klor-con m10 tbc 10meq</i>	1	MO
<i>klor-con m15 tbc 15meq</i>	1	MO
<i>klor-con m20 tbc 20meq</i>	1	MO
<i>klor-con pack 20meq</i>	1	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	
<i>multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	
NORMOSOL -R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	
NORMOSOL-M/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	2	
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
PLASMA-LYTE-148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	1	
<i>potassium chloride cr tbc 10meq</i>	1	MO
<i>potassium chloride cr tbc 10meq</i>	1	MO
<i>potassium chloride er cpr 10meq</i>	1	MO
<i>potassium chloride er cpr 8meq</i>	1	MO
<i>potassium chloride er tbc 10meq</i>	1	MO
<i>potassium chloride er tbc 10meq</i>	1	MO
<i>potassium chloride er tbc 15meq</i>	1	MO
<i>potassium chloride er tbc 20meq</i>	1	MO
<i>potassium chloride er tbc 20meq</i>	1	MO
<i>potassium chloride er tbc 8meq</i>	1	MO
<i>potassium chloride sr tbc 8meq</i>	1	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	1	
<i>potassium chloride/sodium chloride inj 40meq/l; 0.9%</i>	1	
<i>potassium chloride/sodium chloride inj 40meq/l; 0.9%</i>	1	
<i>potassium chloride inj 10meq/100ml</i>	1	
<i>potassium chloride inj 20meq/100ml</i>	1	
<i>potassium chloride inj 2meq/ml</i>	1	
<i>potassium chloride inj 2meq/ml</i>	1	
<i>potassium chloride inj 40meq/100ml</i>	1	
<i>potassium chloride pack 20meq</i>	1	
<i>potassium chloride soln 10%</i>	1	
<i>potassium chloride soln 20%</i>	1	
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.45% inj 0.45%</i>	1	
<i>sodium chloride inj 0.45%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 2.5meq/ml</i>	1	
<i>sodium chloride inj 3%</i>	1	
<i>sodium chloride inj 5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES INJ 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	3	
Uricosuric Agents		
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	1	MO
<i>probenecid tabs 500mg</i>	1	MO
Enzymes		
Enzymes		
ALDURAZYME INJ 2.9MG/5ML	4	PA LA
CEREZYME INJ 400UNIT	4	PA
ELAPRASE INJ 6MG/3ML	4	PA LA
FABRAZYME INJ 35MG	4	PA LA
FABRAZYME INJ 5MG	4	PA LA
LUMIZYME INJ 50MG	4	PA LA
NAGLAZYME INJ 1MG/ML	4	PA LA
PALYNZIQ INJ 10MG/0.5ML	4	QL (1 ML per 1 days) PA MO
PALYNZIQ INJ 2.5MG/0.5ML	4	QL (1 ML per 1 days) PA MO
PALYNZIQ INJ 20MG/ML	4	QL (2 ML per 1 days) PA MO
REVCOVI INJ 2.4MG/1.5ML	4	PA
STRENSIQ INJ 18MG/0.45ML	4	PA MO
STRENSIQ INJ 18MG/0.45ML	4	PA MO
STRENSIQ INJ 28MG/0.7ML	4	PA MO
STRENSIQ INJ 28MG/0.7ML	4	PA MO
STRENSIQ INJ 40MG/ML	4	PA MO
STRENSIQ INJ 80MG/0.8ML	4	PA MO
SUCRAID SOLN 8500UNIT/ML	4	PA LA MO
VPRIV INJ 400UNIT	4	PA
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	1	
<i>bacitracin oint 500unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
CIPROFLOXACIN SOLN 0.2%	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin soln 0.5%</i>	1	
<i>gentak oint 0.3%</i>	1	
<i>gentamicin sulfate soln 0.3%</i>	1	
<i>levofloxacin soln 0.5%</i>	1	
<i>moxifloxacin hydrochloride soln 0.5%</i>	1	
NATACYN SUSP 5%	3	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin zinc oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin soln 0.3%</i>	1	
PERIOGARD SOLN 0.12%	1	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfacetamide sodium soln 10%</i>	1	
<i>tobramycin sulfate soln 0.3%</i>	1	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine soln 1%</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate soln 10000unit/ml; 0.1%</i>	1	
XDEMVY SOLN 0.25%	4	QL (10 ML per 30 days) PA
ZIRGAN GEL 0.15%	3	
Anti-inflammatory Agents		
<i>blephamide s.o.p. oint 0.2%; 10%</i>	3	
<i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>	1	
<i>cyclosporine emul 0.05%</i>	1	QL (60 EA per 30 days) MO
<i>dexamethasone sodium phosphate soln 0.1%</i>	1	
<i>diclofenac sodium soln 0.1%</i>	1	
<i>difluprednate emul 0.05%</i>	1	ST
<i>flac oil 0.01%</i>	1	
<i>flunisolide soln 0.025%</i>	1	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluorometholone susp 0.1%</i>	1	
<i>flurbiprofen sodium soln 0.03%</i>	1	
<i>fluticasone propionate susp 50mcg/act</i>	1	
FML FORTE SUSP 0.25%	3	
FML OINT 0.1%	3	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	1	
<i>ketorolac tromethamine soln 0.4%</i>	1	
<i>ketorolac tromethamine soln 0.5%</i>	1	
MAXIDEX SUSP 0.1%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
PRED MILD SUSP 0.12%	3	
PREDNISOLONE ACETATE SUSP 1%	1	
<i>prednisolone sodium phosphate soln 1%</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	1	
TOBRADEX ST SUSP 0.05%; 0.3%	3	
TOBRADEX OINT 0.1%; 0.3%	3	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	1	
VERKAZIA EMUL 0.1%	4	QL (4 EA per 1 days) PA
XIIDRA SOLN 5%	2	QL (2 EA per 1 days) ST
Antiallergic Agents		
<i>azelastine hcl soln 0.05%</i>	1	
<i>azelastine hydrochloride soln 0.1%</i>	1	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.05%</i>	1	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	1	
Antiglaucoma Agents		
<i>acetazolamide er cp12 500mg</i>	1	MO
<i>acetazolamide sodium inj 500mg</i>	1	
<i>acetazolamide tabs 125mg</i>	1	MO
<i>acetazolamide tabs 250mg</i>	1	MO
<i>betaxolol hcl soln 0.5%</i>	1	MO
<i>brimonidine tartrate/timolol maleate soln 0.2%; 0.5%</i>	1	ST MO
<i>brimonidine tartrate soln 0.15%</i>	1	MO
<i>brimonidine tartrate soln 0.2%</i>	1	MO
<i>brinzolamide susp 1%</i>	1	MO
<i>carteolol hcl soln 1%</i>	1	MO
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl soln 2%</i>	1	MO
<i>dorzolamide hydrochloride soln 2%</i>	1	MO
<i>latanoprost soln 0.005%</i>	1	MO
<i>levobunolol hcl soln 0.5%</i>	1	MO
LUMIGAN SOLN 0.01%	2	ST MO
<i>methazolamide tabs 25mg</i>	1	MO
<i>methazolamide tabs 50mg</i>	1	MO
<i>pilocarpine hcl soln 1%</i>	1	MO
<i>pilocarpine hcl soln 2%</i>	1	MO
<i>pilocarpine hcl soln 4%</i>	1	MO
RHOPRESSA SOLN 0.02%	2	ST MO
ROCKLATAN SOLN 0.005%; 0.02%	2	QL (5 ML per 28 days) ST MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.25%	1	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG 0.5%	1	MO
<i>timolol maleate soln 0.25%</i>	1	MO
<i>timolol maleate soln 0.5%</i>	1	MO
<i>travoprost soln 0.004%</i>	1	ST MO
VUITY SOLN 1.25%	3	QL (0.09 ML per 1 days)
<i>EENT Drugs, Miscellaneous</i>		
<i>acetic acid soln 2%</i>	1	
<i>apraclonidine soln 0.5%</i>	1	
CYSTADROPS SOLN 0.37%	4	QL (20 ML per 28 days) PA MO
CYSTARAN SOLN 0.44%	4	PA MO
IOPIDINE SOLN 1%	3	
OXERVATE SOLN 0.002%	4	QL (1 ML per 1 days) PA
<i>Local Anesthetics</i>		
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>lidocaine hydrochloride viscous soln 2%</i>	1	
<i>lidocaine viscous soln 2%</i>	1	
<i>proparacaine hcl soln 0.5%</i>	1	
<i>Mydriatics</i>		
ATROPINE SULFATE SOLN 1%	1	MO
<i>cyclopentolate hcl soln 1%</i>	1	
Eye, Ear, Nose + Throat Preparations		
<i>Antiallergic Agents</i>		
<i>olopatadine hcl soln 0.1%</i>	1	
Gastrointestinal Drugs		
<i>Anti-inflammatory Agents</i>		
<i>alosetron hydrochloride tabs 0.5mg</i>	1	PA MO
<i>alosetron hydrochloride tabs 1mg</i>	4	PA MO
<i>balsalazide disodium caps 750mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DIPENTUM CAPS 250MG	4	MO
mesalamine dr cpdr 400mg	1	MO
mesalamine dr tbec 1.2gm	1	
mesalamine dr tbec 800mg	1	
mesalamine er cpcr 500mg	1	MO
mesalamine enem 4gm	1	
mesalamine kit 4gm	1	
mesalamine supp 1000mg	1	
PENTASA CPCR 250MG	3	MO
PENTASA CPCR 500MG	3	MO
Antidiarrhea Agents		
diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg	1	
diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml	1	
loperamide hcl caps 2mg	1	
loperamide hydrochloride caps 2mg	1	
opium tincture tinc 1%	1	QL (2.4 ML per 1 days) PA
opium tinc 1%	1	QL (2.4 ML per 1 days) PA
opium tinc 1%	1	QL (2.4 ML per 1 days) PA
XERMELO TABS 250MG	4	QL (3 EA per 1 days) PA MO
Antiemetics		
aprepitant caps 0	1	QL (6 EA per 30 days) PA
aprepitant caps 125mg	1	QL (2 EA per 30 days) PA
aprepitant caps 40mg	1	QL (1 EA per 30 days) PA
aprepitant caps 80mg	1	QL (4 EA per 30 days) PA
dronabinol caps 10mg	1	QL (4 EA per 1 days) PA
dronabinol caps 2.5mg	1	QL (4 EA per 1 days) PA
dronabinol caps 5mg	1	QL (4 EA per 1 days) PA
EMEND SUSR 125MG/5ML	3	QL (2 EA per 30 days) PA
granisetron hcl inj 1mg/ml	1	PA
granisetron hydrochloride inj 1mg/ml	1	PA
granisetron hydrochloride tabs 1mg	1	QL (2 EA per 1 days) PA
meclizine hcl tabs 12.5mg	1	
meclizine hcl tabs 25mg	1	
meclizine hydrochloride tabs 12.5mg	1	
meclizine hydrochloride tabs 25mg	1	
ondansetron hcl soln 4mg/5ml	1	B/D
ondansetron hcl tabs 24mg	1	B/D
ondansetron hydrochloride inj 40mg/20ml	1	
ondansetron hydrochloride inj 40mg/20ml	1	
ondansetron hydrochloride inj 40mg/20ml	1	
ondansetron hydrochloride inj 40mg/20ml	1	
ondansetron hydrochloride inj 40mg/20ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hydrochloride inj 4mg/2ml</i>	1	
<i>ondansetron hydrochloride inj 4mg/2ml</i>	1	
<i>ondansetron hydrochloride soln 4mg/5ml</i>	1	B/D
<i>ondansetron hydrochloride tabs 4mg</i>	1	B/D
<i>ondansetron hydrochloride tabs 8mg</i>	1	B/D
<i>ondansetron odt tbdp 4mg</i>	1	B/D
<i>ondansetron odt tbdp 8mg</i>	1	B/D
<i>scopolamine pt72 1mg/3days</i>	1	PA
<i>Antiulcer Agents and Acid Suppressants</i>		
<i>cimetidine hcl soln 300mg/5ml</i>	1	MO
<i>cimetidine hydrochloride soln 300mg/5ml</i>	1	MO
<i>cimetidine tabs 200mg</i>	1	
<i>cimetidine tabs 300mg</i>	1	MO
<i>cimetidine tabs 400mg</i>	1	MO
<i>cimetidine tabs 800mg</i>	1	MO
<i>esomeprazole magnesium cpdr 20mg</i>	1	MO
<i>esomeprazole magnesium cpdr 40mg</i>	1	MO
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 20mg/2ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine susr 40mg/5ml</i>	1	
<i>famotidine tabs 20mg</i>	1	MO
<i>famotidine tabs 40mg</i>	1	MO
<i>lansoprazole odt tbdd 15mg</i>	1	MO
<i>lansoprazole odt tbdd 30mg</i>	1	MO
<i>lansoprazole cpdr 15mg</i>	1	MO
<i>lansoprazole cpdr 30mg</i>	1	MO
<i>lansoprazole tbdd 15mg</i>	1	MO
<i>lansoprazole tbdd 30mg</i>	1	MO
<i>misoprostol tabs 100mcg</i>	1	MO
<i>misoprostol tabs 200mcg</i>	1	MO
<i>omeprazole dr cpdr 10mg</i>	1	MO
<i>omeprazole dr cpdr 40mg</i>	1	MO
<i>omeprazole cpdr 10mg</i>	1	MO
<i>omeprazole cpdr 20mg</i>	1	MO
<i>omeprazole cpdr 40mg</i>	1	MO
<i>pantoprazole sodium inj 40mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium tbec 20mg</i>	1	MO
<i>pantoprazole sodium tbec 40mg</i>	1	MO
<i>rabeprazole sodium tbec 20mg</i>	1	MO
<i>sucralfate susp 1gm/10ml</i>	1	MO
<i>sucralfate tabs 1gm</i>	1	MO
<i>Cathartics and Laxatives</i>		
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
OSMOPREP TABS 0.398GM; 1.102GM	3	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	1	
<i>Cholelitholytic Agents</i>		
<i>chenodal tabs 250mg</i>	4	PA
<i>ursodiol caps 300mg</i>	1	MO
<i>ursodiol tabs 250mg</i>	1	MO
<i>ursodiol tabs 500mg</i>	1	MO
<i>Digestants</i>		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	2	MO
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	2	MO
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	2	MO
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	2	MO
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	2	MO
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	2	MO
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	2	MO
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	2	MO
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	2	MO
ZENPEP CPEP 252600UNIT; 60000UNIT; 189600UNIT	2	
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	2	
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	2	MO
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	2	MO
<i>GI Drugs, Miscellaneous</i>		
BYLVAY (PELLETS) CPSP 200MCG	4	PA
BYLVAY (PELLETS) CPSP 600MCG	4	PA
BYLVAY CAPS 1200MCG	4	PA
BYLVAY CAPS 400MCG	4	PA
CHOLBAM CAPS 250MG	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits
CHOLBAM CAPS 50MG	4	PA MO
ENTYVIO INJ 108MG/0.68ML	3	QL (1.36 ML per 28 days) PA
GATTEX INJ 5MG	4	PA MO
LINZESS CAPS 145MCG	2	QL (1 EA per 1 days) MO
LINZESS CAPS 290MCG	2	QL (1 EA per 1 days) MO
LINZESS CAPS 72MCG	2	QL (1 EA per 1 days) MO
LIVMARLI SOLN 9.5MG/ML	4	QL (3 ML per 1 days) PA
LUBIPROSTONE CAPS 24MCG	1	QL (2 EA per 1 days) MO
LUBIPROSTONE CAPS 8MCG	1	QL (2 EA per 1 days) MO
MOTEGRITY TABS 1MG	2	QL (1 EA per 1 days) PA MO
MOTEGRITY TABS 2MG	2	QL (1 EA per 1 days) PA MO
MOVANTIK TABS 12.5MG	3	QL (1 EA per 1 days) PA MO
MOVANTIK TABS 25MG	3	QL (1 EA per 1 days) PA MO
OICALIVA TABS 10MG	4	QL (1 EA per 1 days) PA MO
OICALIVA TABS 5MG	4	QL (1 EA per 1 days) PA MO
RELISTOR INJ 12MG/0.6ML	4	PA
RELISTOR INJ 12MG/0.6ML	4	PA
RELISTOR INJ 8MG/0.4ML	4	PA
RELISTOR TABS 150MG	4	QL (3 EA per 1 days) PA
SKYRIZI INJ 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA
SKYRIZI INJ 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA MO
SKYRIZI INJ 600MG/10ML	4	QL (30 ML per 180 days) PA
STELARA INJ 130MG/26ML	4	QL (104 ML per 180 days) PA
SYMPROIC TABS 0.2MG	3	QL (1 EA per 1 days) PA
VIBERZI TABS 100MG	4	QL (2 EA per 1 days) PA MO
VIBERZI TABS 75MG	4	QL (2 EA per 1 days) PA MO
Prokinetic Agents		
<i>metoclopramide hcl soln 5mg/5ml</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride inj 5mg/ml</i>	1	
<i>metoclopramide hydrochloride soln 10mg/10ml</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide hydrochloride tabs 5mg</i>	1	
Gold Compounds		
Gold Compounds		
RIDAURA CAPS 3MG	4	MO
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique caps 250mg</i>	4	
CUVRIOR TABS 300MG	4	PA
<i>deferasirox pack 180mg</i>	4	PA
<i>deferasirox pack 360mg</i>	4	PA
<i>deferasirox pack 90mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tabs 180mg</i>	1	PA MO
<i>deferasirox tabs 360mg</i>	1	PA
<i>deferasirox tabs 90mg</i>	1	PA
<i>deferasirox tbso 125mg</i>	1	PA MO
<i>deferasirox tbso 250mg</i>	4	PA MO
<i>deferasirox tbso 500mg</i>	4	PA MO
<i>deferiprone tabs 1000mg</i>	1	PA MO
<i>deferiprone tabs 500mg</i>	4	PA MO
FERRIPROX SOLN 100MG/ML	4	PA MO
<i>penicillamine tabs 250mg</i>	4	
<i>trientine hydrochloride caps 250mg</i>	4	
Hormones and Synthetic Substitutes		
Adrenals		
AGAMREE SUSP 40MG/ML	4	QL (7.5 ML per 1 days) PA
ARMONAIR DIGIHALER AEPB 113MCG/ACT	3	MO
ARMONAIR DIGIHALER AEPB 232MCG/ACT	3	MO
ARMONAIR DIGIHALER AEPB 55MCG/ACT	3	MO
ARNUITY ELLIPTA AEPB 100MCG/ACT	2	QL (30 EA per 30 days) MO
ARNUITY ELLIPTA AEPB 200MCG/ACT	2	QL (30 EA per 30 days) MO
ARNUITY ELLIPTA AEPB 50MCG/ACT	2	QL (30 EA per 30 days) MO
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT	2	QL (60 EA per 30 days) MO
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO
BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO
<i>breyana aero 160mcg/act; 4.5mcg/act</i>	1	QL (20.4 GM per 30 days) MO
<i>breyana aero 80mcg/act; 4.5mcg/act</i>	1	QL (20.4 GM per 30 days) MO
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act</i>	1	QL (20.4 GM per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aero 80mcg/act; 4.5mcg/act</i>	1	QL (20.4 GM per 30 days) MO
<i>budesonide cpep 3mg</i>	1	
<i>budesonide susp 0.25mg/2ml</i>	1	B/D MO
<i>budesonide susp 0.5mg/2ml</i>	1	B/D MO
<i>budesonide susp 1mg/2ml</i>	1	B/D MO
CORTISONE ACETATE TABS 25MG	2	
<i>deflazacort susp 22.75mg/ml</i>	4	PA
<i>deflazacort tabs 18mg</i>	4	PA
<i>deflazacort tabs 30mg</i>	4	PA
<i>deflazacort tabs 36mg</i>	4	PA
<i>deflazacort tabs 6mg</i>	4	PA
DEPO-MEDROL INJ 20MG/ML	3	B/D
<i>dexabliss tbpk 1.5mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone 10-day dose pack tbpk 1.5mg</i>	1	
<i>dexamethasone 13-day dose pack tbpk 1.5mg</i>	1	
<i>dexamethasone 6-day dose pack tbpk 1.5mg</i>	1	
<i>dexamethasone 6-day therapy pack tbpk 1.5mg</i>	1	
<i>dexamethasone intensol conc 1mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	1	
<i>dexamethasone elix 0.5mg/5ml</i>	1	
<i>dexamethasone soln 0.5mg/5ml</i>	1	
<i>dexamethasone tabs 0.5mg</i>	1	
<i>dexamethasone tabs 0.75mg</i>	1	
<i>dexamethasone tabs 1.5mg</i>	1	
<i>dexamethasone tabs 1mg</i>	1	
<i>dexamethasone tabs 2mg</i>	1	
<i>dexamethasone tabs 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	1	
<i>dxevo 11-day tbpk 1.5mg</i>	3	
<i>dxevo 11-day tbpk 1.5mg</i>	3	
EOHILIA SUSP 2MG/10ML	4	QL (20 ML per 1 days) PA
<i>fludrocortisone acetate tabs 0.1mg</i>	1	MO
<i>hydrocortisone tabs 10mg</i>	1	
<i>hydrocortisone tabs 20mg</i>	1	
<i>hydrocortisone tabs 5mg</i>	1	
KENALOG-10 INJ 10MG/ML	3	
<i>methylprednisolone dose pack tbpk 4mg</i>	1	
<i>methylprednisolone sodium succinate inj 1000mg</i>	1	B/D
<i>methylprednisolone sodium succinate inj 1000mg</i>	1	B/D
<i>methylprednisolone sodium succinate inj 125mg</i>	1	B/D
<i>methylprednisolone sodium succinate inj 500mg</i>	1	B/D
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	1	B/D
<i>methylprednisolone tabs 16mg</i>	1	B/D
<i>methylprednisolone tabs 32mg</i>	1	B/D
<i>methylprednisolone tabs 4mg</i>	1	B/D
<i>methylprednisolone tabs 8mg</i>	1	B/D
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisone soln 5mg/5ml</i>	1	B/D
<i>prednisone tabs 10mg</i>	1	B/D
<i>prednisone tabs 1mg</i>	1	B/D
<i>prednisone tabs 2.5mg</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tabs 20mg</i>	1	B/D
<i>prednisone tabs 50mg</i>	1	B/D
<i>prednisone tabs 5mg</i>	1	B/D
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
QVAR REDIHALER AERB 40MCG/ACT	2	QL (10.6 GM per 60 days) MO
QVAR REDIHALER AERB 80MCG/ACT	2	QL (21.2 GM per 30 days) MO
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-MEDROL INJ 500MG	2	B/D
TARPEYO CPDR 4MG	4	QL (4 EA per 1 days) PA
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT	2	QL (2 EA per 1 days) MO
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 25MCG/INH	2	QL (2 EA per 1 days) MO
<i>triamcinolone acetonide inj 40mg/ml</i>	1	
Androgens		
ANDRODERM PT24 2MG/24HR	3	MO
ANDRODERM PT24 4MG/24HR	3	MO
<i>danazol caps 100mg</i>	1	
<i>danazol caps 200mg</i>	1	
<i>danazol caps 50mg</i>	1	
<i>methitest tabs 10mg</i>	3	PA MO
<i>oxandrolone tabs 10mg</i>	1	QL (2 EA per 1 days) PA
<i>oxandrolone tabs 2.5mg</i>	1	QL (4 EA per 1 days) PA
<i>testosterone cypionate inj 100mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone enanthate inj 200mg/ml</i>	1	
<i>testosterone pump gel 1%</i>	1	MO
<i>testosterone pump gel 1.62%</i>	1	MO
<i>testosterone gel 1.62%</i>	1	MO
<i>testosterone gel 10mg/act</i>	1	MO
<i>testosterone gel 20.25mg/1.25gm</i>	1	MO
<i>testosterone gel 25mg/2.5gm</i>	1	MO
<i>testosterone gel 40.5mg/2.5gm</i>	1	MO
<i>testosterone gel 50mg/5gm</i>	1	MO
Antidiabetic Agents		
<i>acarbose tabs 100mg</i>	1	QL (3 EA per 1 days) MO
<i>acarbose tabs 25mg</i>	1	
<i>acarbose tabs 50mg</i>	1	QL (3 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin/metformin hcl tabs 12.5mg; 500mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/metformin hydrochloride tabs 12.5mg; 1000mg</i>	2	QL (2 EA per 1 days) MO
<i>alogliptin/pioglitazone tabs 12.5mg; 30mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/pioglitazone tabs 25mg; 15mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/pioglitazone tabs 25mg; 30mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin/pioglitazone tabs 25mg; 45mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin tabs 12.5mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin tabs 25mg</i>	2	QL (1 EA per 1 days) MO
<i>alogliptin tabs 6.25mg</i>	2	QL (1 EA per 1 days) MO
BASAGLAR KWIKPEN INJ 100UNIT/ML	2	MO
BYDUREON BCISE INJ 2MG/0.85ML	2	QL (4 ML per 28 days) PA MO
BYETTA INJ 10MCG/0.04ML	2	QL (2.4 ML per 30 days) PA MO
BYETTA INJ 5MCG/0.02ML	2	QL (1.2 ML per 30 days) PA MO
CYCLOSET TABS 0.8MG	3	MO
DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE TB24 10MG; 1000MG	2	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN PROPANEDIOL/METFORMIN HYDROCHLORIDE TB24 5MG; 1000MG	2	QL (2 EA per 1 days) MO
DAPAGLIFLOZIN PROPANEDIOL TABS 10MG	2	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN PROPANEDIOL TABS 5MG	2	QL (1 EA per 1 days) MO
FARXIGA TABS 10MG	2	QL (1 EA per 1 days) MO
FARXIGA TABS 5MG	2	QL (1 EA per 1 days) MO
FIASP FLEXTOUCH INJ 100UNIT/ML	2	MO
FIASP PENFILL INJ 100UNIT/ML	2	MO
FIASP INJ 100UNIT/ML	2	MO
<i>glimepiride tabs 1mg</i>	1	QL (8 EA per 1 days) MO
<i>glimepiride tabs 2mg</i>	1	QL (4 EA per 1 days) MO
<i>glimepiride tabs 4mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide er tb24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide er tb24 2.5mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide er tb24 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide xl tb24 2.5mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide xl tb24 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide xl tb24 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 5mg; 500mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide tabs 10mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide tabs 2.5mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide tabs 5mg</i>	1	QL (8 EA per 1 days) MO
GLYXAMBI TABS 10MG; 5MG	2	QL (1 EA per 1 days) MO

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Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TABS 25MG; 5MG	2	QL (1 EA per 1 days) MO
INSULIN ASPART FLEXPEN INJ 100UNIT/ML	2	MO
INSULIN ASPART PENFILL INJ 100UNIT/ML	2	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	2	
INSULIN ASPART PROTAMINE/INSULIN ASPART INJ 30%; 70%	2	MO
INSULIN ASPART INJ 100UNIT/ML	2	MO
INSULIN DEGLUDEC FLEXTOUCH INJ 100UNIT/ML	2	
INSULIN DEGLUDEC FLEXTOUCH INJ 200UNIT/ML	2	
INSULIN DEGLUDEC INJ 100UNIT/ML	2	MO
INSULIN LISPRO JUNIOR KWIKPEN INJ 100UNIT/ML	2	
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML	2	MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	2	
INSULIN LISPRO INJ 100UNIT/ML	2	MO
JANUMET XR TB24 1000MG; 100MG	2	QL (1 EA per 1 days) MO
JANUMET XR TB24 1000MG; 50MG	2	QL (2 EA per 1 days) MO
JANUMET XR TB24 500MG; 50MG	2	QL (1 EA per 1 days) MO
JANUMET TABS 1000MG; 50MG	2	QL (2 EA per 1 days) MO
JANUMET TABS 500MG; 50MG	2	QL (2 EA per 1 days) MO
JANUVIA TABS 100MG	2	QL (1 EA per 1 days) MO
JANUVIA TABS 25MG	2	QL (1 EA per 1 days) MO
JANUVIA TABS 50MG	2	QL (1 EA per 1 days) MO
JARDIANCE TABS 10MG	2	QL (1 EA per 1 days) MO
JARDIANCE TABS 25MG	2	QL (1 EA per 1 days) MO
LANTUS SOLOSTAR INJ 100UNIT/ML	2	MO
LANTUS INJ 100UNIT/ML	2	MO
LIRAGLUTIDE INJ 18MG/3ML	2	QL (9 ML per 30 days) PA MO
<i>metformin hydrochloride er tb24 500mg</i>	1	QL (4 EA per 1 days) MO
<i>metformin hydrochloride er tb24 750mg</i>	1	QL (2 EA per 1 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (2.5 EA per 1 days) MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (5 EA per 1 days) MO
<i>metformin hydrochloride tabs 850mg</i>	1	QL (3 EA per 1 days) MO
<i>mifepristone tabs 300mg</i>	4	PA
<i>miglitol tabs 100mg</i>	1	QL (3 EA per 1 days) MO
<i>miglitol tabs 25mg</i>	1	QL (3 EA per 1 days) MO
<i>miglitol tabs 50mg</i>	1	QL (3 EA per 1 days) MO
MOUNJARO INJ 10MG/0.5ML	2	QL (2 ML per 28 days) PA MO
MOUNJARO INJ 12.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
MOUNJARO INJ 15MG/0.5ML	2	QL (2 ML per 28 days) PA MO
MOUNJARO INJ 2.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
MOUNJARO INJ 5MG/0.5ML	2	QL (2 ML per 28 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJ 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
<i>nateglinide tabs 120mg</i>	1	QL (3 EA per 1 days) MO
<i>nateglinide tabs 60mg</i>	1	QL (3 EA per 1 days) MO
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLIN N FLEXPEN INJ 100UNIT/ML	2	MO
NOVOLIN N INJ 100UNIT/ML	2	MO
NOVOLIN R FLEXPEN INJ 100UNIT/ML	2	MO
NOVOLIN R INJ 100UNIT/ML	2	MO
NOVOLOG FLEXPEN RELION INJ 100UNIT/ML	2	MO
NOVOLOG FLEXPEN INJ 100UNIT/ML	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG MIX 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG PENFILL INJ 100UNIT/ML	2	MO
NOVOLOG RELION INJ 100UNIT/ML	2	MO
NOVOLOG INJ 100UNIT/ML	2	MO
OZEMPIC INJ 2MG/1.5ML	2	QL (1.5 ML per 28 days) PA MO
OZEMPIC INJ 2MG/1.5ML	2	QL (1.5 ML per 28 days) PA MO
OZEMPIC INJ 2MG/3ML	2	QL (3 ML per 28 days) PA MO
OZEMPIC INJ 4MG/3ML	2	QL (3 ML per 28 days) PA MO
OZEMPIC INJ 8MG/3ML	2	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	1	QL (3 EA per 1 days) MO
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	1	QL (3 EA per 1 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tabs 15mg</i>	1	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tabs 30mg</i>	1	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tabs 45mg</i>	1	QL (1 EA per 1 days) MO
QTERN TABS 10MG; 5MG	3	QL (1 EA per 1 days) MO
QTERN TABS 5MG; 5MG	3	QL (1 EA per 1 days) MO
<i>repaglinide tabs 0.5mg</i>	1	QL (4 EA per 1 days) MO
<i>repaglinide tabs 1mg</i>	1	QL (4 EA per 1 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (8 EA per 1 days) MO
RYBELSUS TABS 14MG	2	QL (1 EA per 1 days) PA MO
RYBELSUS TABS 3MG	2	QL (1 EA per 1 days) PA MO
RYBELSUS TABS 7MG	2	QL (1 EA per 1 days) PA MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg</i>	1	QL (2 EA per 1 days) MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 500mg; 5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride tabs 2.5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
SYMLINPEN 120 INJ 2700MCG/2.7ML	4	MO
SYMLINPEN 60 INJ 1500MCG/1.5ML	3	MO
SYNJARDY XR TB24 10MG; 1000MG	2	QL (2 EA per 1 days) MO
SYNJARDY XR TB24 12.5MG; 1000MG	2	QL (2 EA per 1 days) MO
SYNJARDY XR TB24 25MG; 1000MG	2	QL (1 EA per 1 days) MO
SYNJARDY XR TB24 5MG; 1000MG	2	QL (2 EA per 1 days) MO
SYNJARDY TABS 12.5MG; 1000MG	2	QL (2 EA per 1 days) MO
SYNJARDY TABS 12.5MG; 500MG	2	QL (2 EA per 1 days) MO
SYNJARDY TABS 5MG; 1000MG	2	QL (2 EA per 1 days) MO
SYNJARDY TABS 5MG; 500MG	2	QL (2 EA per 1 days) MO
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	2	MO
TOUJEO SOLOSTAR INJ 300UNIT/ML	2	MO
<i>tranylcypromine sulfate tabs 10mg</i>	1	MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG	2	QL (1 EA per 1 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG	2	QL (2 EA per 1 days) MO
TRIJARDY XR TB24 25MG; 5MG; 1000MG	2	QL (1 EA per 1 days) MO
TRIJARDY XR TB24 5MG; 2.5MG; 1000MG	2	QL (2 EA per 1 days) MO
TRULICITY INJ 0.75MG/0.5ML	2	QL (2 ML per 28 days) PA MO
TRULICITY INJ 1.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
TRULICITY INJ 3MG/0.5ML	2	QL (2 ML per 28 days) PA MO
TRULICITY INJ 4.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
VICTOZA INJ 18MG/3ML	2	QL (9 ML per 30 days) PA MO
WEGOVY INJ 0.25MG/0.5ML	4	QL (2 ML per 28 days) PA
WEGOVY INJ 0.5MG/0.5ML	4	QL (2 ML per 28 days) PA
WEGOVY INJ 1.7MG/0.75ML	4	QL (3 ML per 28 days) PA
WEGOVY INJ 1MG/0.5ML	4	QL (2 ML per 28 days) PA
WEGOVY INJ 2.4MG/0.75ML	4	QL (3 ML per 28 days) PA
XIGDUO XR TB24 10MG; 1000MG	2	QL (1 EA per 1 days) MO
XIGDUO XR TB24 10MG; 500MG	2	QL (1 EA per 1 days) MO
XIGDUO XR TB24 2.5MG; 1000MG	2	QL (2 EA per 1 days) MO
XIGDUO XR TB24 5MG; 1000MG	2	QL (2 EA per 1 days) MO
XIGDUO XR TB24 5MG; 500MG	2	QL (1 EA per 1 days) MO
Antihypoglycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	2	
BAQSIMI TWO PACK POWD 3MG/DOSE	2	
<i>diazoxide susp 50mg/ml</i>	4	MO
GLUCAGEN HYPOKIT INJ 1MG	3	

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Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	2	
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	1	
GLUCAGON EMERGENCY KIT INJ 1MG	1	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1-PACK INJ 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 2-PACK INJ 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 0.5MG/0.1ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
PROGLYCEM SUSP 50MG/ML	2	
ZEGALOGUE INJ 0.6MG/0.6ML	3	
ZEGALOGUE INJ 0.6MG/0.6ML	3	
Contraceptives		
<i>afirmelle tabs 20mcg; 0.1mg</i>	1	
<i>altavera tabs 30mcg; 0.15mg</i>	1	MO
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>alyacen 7/7/7 tabs 0; 0</i>	1	MO
<i>amethia tabs 0; 0</i>	1	MO
<i>amethyst tabs 20mcg; 90mcg</i>	1	MO
<i>apri tabs 0.15mg; 30mcg</i>	1	MO
<i>aranelle tabs 0; 0</i>	1	MO
<i>ashlyna tabs 0; 0</i>	1	MO
<i>aubra eq tabs 20mcg; 0.1mg</i>	1	MO
<i>aubra tabs 20mcg; 0.1mg</i>	1	MO
<i>aurovela 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>aurovela 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>aurovela 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>aurovela fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>aurovela fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>aviane tabs 20mcg; 0.1mg</i>	1	MO
<i>ayuna tabs 0.03mg; 0.15mg</i>	1	MO
<i>azurette tabs 0; 0</i>	1	MO
<i>balziva tabs 35mcg; 0.4mg</i>	1	MO
<i>blisovi 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>blisovi fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>briellyn tabs 35mcg; 0.4mg</i>	1	MO
<i>camila tabs 0.35mg</i>	1	MO
<i>camrese lo tabs 0; 0</i>	1	MO
<i>camrese tabs 0; 0</i>	1	MO
<i>camrese tabs 0; 0</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>caziant tabs 0; 0</i>	1	MO
<i>charlotte 24 fe chew 20mcg; 75mg; 1mg</i>	1	MO
<i>chateal eq tabs 30mcg; 0.15mg</i>	1	MO
<i>chateal tabs 0.03mg; 0.15mg</i>	1	MO
<i>chateal tabs 0.03mg; 0.15mg</i>	1	MO
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	1	MO
<i>cyclafem 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>cyclafem 7/7/7 tabs 0; 0</i>	1	MO
<i>cyred eq tabs 0.15mg; 30mcg</i>	1	MO
<i>cyred tabs 0.15mg; 30mcg</i>	1	MO
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>dasetta 7/7/7 tabs 0; 0</i>	1	MO
<i>dasetta 7/7/7 tabs 0; 0</i>	1	MO
<i>daysee tabs 0; 0</i>	1	MO
<i>daysee tabs 0; 0</i>	1	MO
<i>deblitane tabs 0.35mg</i>	1	MO
<i>delyla tabs 20mcg; 0.1mg</i>	1	MO
<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	1	MO
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>dolishale tabs 20mcg; 90mcg</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg</i>	1	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i>	1	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	MO
<i>elinest tabs 30mcg; 0.3mg</i>	1	MO
<i>elinest tabs 30mcg; 0.3mg</i>	1	MO
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>emoquette tabs 0.15mg; 30mcg</i>	1	MO
<i>emzahn tabs 0.35mg</i>	1	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>enpresse-28 tabs 0; 0</i>	1	MO
<i>enskyce tabs 0.15mg; 0.03mg</i>	1	MO
<i>errin tabs 0.35mg</i>	1	MO
<i>estarylla tabs 35mcg; 0.25mg</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	1	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>falmina tabs 20mcg; 0.1mg</i>	1	MO
<i>fayosim tabs 0; 0</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>femynor tabs 35mcg; 0.25mg</i>	1	MO
<i>finzala chew 20mcg; 75mg; 1mg</i>	1	MO
<i>gemmily caps 20mcg; 75mg; 1mg</i>	1	MO
<i>hailey 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>hailey 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>hailey fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>hailey fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>heather tabs 0.35mg</i>	1	MO
<i>iclevia tabs 0.03mg; 0.15mg</i>	1	MO
<i>incassia tabs 0.35mg</i>	1	MO
<i>introvale tabs 0.03mg; 0.15mg</i>	1	MO
<i>isibloom tabs 0.15mg; 30mcg</i>	1	MO
<i>jaimiess tabs 0; 0</i>	1	MO
<i>jasmiel tabs 3mg; 0.02mg</i>	1	MO
<i>jencycla tabs 0.35mg</i>	1	MO
<i>jencycla tabs 0.35mg</i>	1	MO
<i>jolessa tabs 0.03mg; 0.15mg</i>	1	MO
<i>juleber tabs 0.15mg; 30mcg</i>	1	MO
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>junel 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>kaitlib fe chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>kalliga tabs 0.15mg; 30mcg</i>	1	MO
<i>kariva tabs 0; 0</i>	1	MO
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>kelnor 1/50 tabs 50mcg; 1mg</i>	1	MO
<i>kurvelo tabs 0.03mg; 0.15mg</i>	1	MO
KYLEENA IUD 19.5MG	2	QL (1 EA per 365 days)
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>larin 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>larin 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>larin 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>larissia tabs 20mcg; 0.1mg</i>	1	MO
<i>layolis fe chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>leena tabs 0; 0</i>	1	MO
<i>lessina tabs 20mcg; 0.1mg</i>	1	MO
<i>levonest tabs 0; 0</i>	1	MO
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	1	MO
<i>levora 0.15/30-28 tabs 0.03mg; 0.15mg</i>	1	MO
LILETTA IUD 20.1MCG/DAY	2	QL (1 EA per 365 days)
<i>lillow tabs 30mcg; 0.15mg</i>	1	MO
LO LOESTRIN FE TABS 10MCG; 75MG; 1MG	3	MO
<i>lo-zumandimine tabs 3mg; 0.02mg</i>	1	MO
<i>lojaimiess tabs 0; 0</i>	1	MO
<i>loryna tabs 3mg; 0.02mg</i>	1	MO
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	1	MO
<i>luteru tabs 20mcg; 0.1mg</i>	1	MO
<i>lyleq tabs 0.35mg</i>	1	MO
<i>lyza tabs 0.35mg</i>	1	MO
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	MO
<i>merzee caps 20mcg; 75mg; 1mg</i>	1	MO
<i>mibelas 24 fe chew 20mcg; 75mg; 1mg</i>	1	MO
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>microgestin 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>microgestin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>mili tabs 35mcg; 0.25mg</i>	1	MO
MIRENA IUD 20MCG/DAY	2	QL (1 EA per 365 days)
<i>mono-linyah tabs 35mcg; 0.25mg</i>	1	MO
<i>mono-linyah tabs 35mcg; 0.25mg</i>	1	MO
NATAZIA TABS 0; 0	3	MO
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	1	MO
NEXPLANON INJ 68MG	2	QL (1 EA per 365 days)
<i>nikki tabs 3mg; 0.02mg</i>	1	MO
<i>nora-be tabs 0.35mg</i>	1	MO
<i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 30mcg; 1.5mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate chew 35mcg; 0; 0.4mg</i>	1	MO
<i>norethindrone tabs 0.35mg</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	1	MO
<i>norlyda tabs 0.35mg</i>	1	MO
<i>norlyroc tabs 0.35mg</i>	1	MO
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	1	MO
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nortrel 7/7/7 tabs 0; 0</i>	1	MO
<i>nylia 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nylia 7/7/7 tabs 0; 0</i>	1	MO
<i>nymyo tabs 35mcg; 0.25mg</i>	1	
<i>ocella tabs 3mg; 0.03mg</i>	1	MO
<i>orsythia tabs 20mcg; 0.1mg</i>	1	MO
<i>philith tabs 35mcg; 0.4mg</i>	1	MO
<i>philith tabs 35mcg; 0.4mg</i>	1	MO
<i>pimtrea tabs 0; 0</i>	1	MO
<i>pirmella 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>pirmella 7/7/7 tabs 0; 0</i>	1	MO
<i>portia-28 tabs 0.03mg; 0.15mg</i>	1	MO
<i>previfem tabs 35mcg; 0.25mg</i>	1	MO
<i>reclipsen tabs 0.15mg; 0.03mg</i>	1	MO
<i>rivelsa tabs 0; 0</i>	1	MO
<i>setlakin tabs 0.03mg; 0.15mg</i>	1	MO
<i>sharobel tabs 0.35mg</i>	1	MO
<i>simliya tabs 0; 0</i>	1	MO
<i>simpesse tabs 0; 0</i>	1	MO
SKYLA IUD 13.5MG	2	QL (1 EA per 365 days)
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	1	MO
<i>sronyx tabs 20mcg; 0.1mg</i>	1	MO
<i>syeda tabs 3mg; 0.03mg</i>	1	MO
<i>tarina 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>tarina fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>taysofy caps 20mcg; 75mg; 1mg</i>	1	MO
<i>taysofy caps 20mcg; 75mg; 1mg</i>	1	MO
<i>tilia fe tabs 0; 75mg; 1mg</i>	1	MO
<i>tri femynor tabs 0; 0</i>	1	MO
<i>tri-estarylla tabs 0; 0</i>	1	MO
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	1	MO
<i>tri-linyah tabs 0; 0</i>	1	MO
<i>tri-linyah tabs 0; 0</i>	1	MO
<i>tri-lo-estarylla tabs 0; 0</i>	1	MO
<i>tri-lo-marzia tabs 0; 0</i>	1	MO
<i>tri-lo-mili tabs 0; 0</i>	1	MO
<i>tri-lo-sprintec tabs 0; 0</i>	1	MO
<i>tri-mili tabs 0; 0</i>	1	MO
<i>tri-nymyo tabs 0; 0</i>	1	MO
<i>tri-previfem tabs 0; 0</i>	1	MO
<i>tri-sprintec tabs 0; 0</i>	1	MO
<i>tri-vylibra lo tabs 0; 0</i>	1	MO
<i>tri-vylibra tabs 0; 0</i>	1	MO
<i>trivora-28 tabs 0; 0</i>	1	MO
<i>tulana tabs 0.35mg</i>	1	MO
<i>tulana tabs 0.35mg</i>	1	MO
<i>turqoz tabs 30mcg; 0.3mg</i>	1	MO
<i>tyblume chew 20mcg; 0.1mg</i>	1	MO
<i>tydemy tabs 3mg; 0.03mg; 0.451mg</i>	1	MO
<i>velivet tabs 0; 0</i>	1	MO
<i>vestura tabs 3mg; 0.02mg</i>	1	MO
<i>vienva tabs 20mcg; 0.1mg</i>	1	MO
<i>viorele tabs 0; 0</i>	1	MO
<i>volnea tabs 0; 0</i>	1	MO
<i>vyfemla tabs 35mcg; 0.4mg</i>	1	MO
<i>vylibra tabs 35mcg; 0.25mg</i>	1	MO
<i>wera tabs 35mcg; 0.5mg</i>	1	MO
<i>wera tabs 35mcg; 0.5mg</i>	1	MO
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	1	MO
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>zafemy ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>zarah tabs 3mg; 0.03mg</i>	1	MO
<i>zovia 1/35e tabs 35mcg; 1mg</i>	1	MO
<i>zovia 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>zumandimine tabs 3mg; 0.03mg</i>	1	MO
Estrogens and Antiestrogens		

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Drug Name	Drug Tier	Requirements/Limits
<i>amabelz tabs 0.5mg; 0.1mg</i>	1	MO
<i>amabelz tabs 1mg; 0.5mg</i>	1	MO
<i>anastrozole tabs 1mg</i>	1	MO
<i>dotti pttw 0.025mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>dotti pttw 0.0375mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>dotti pttw 0.05mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>dotti pttw 0.075mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>dotti pttw 0.1mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>estradiol valerate inj 10mg/ml</i>	1	
<i>estradiol valerate inj 20mg/ml</i>	1	
<i>estradiol valerate inj 40mg/ml</i>	1	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg</i>	1	MO
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	1	MO
<i>estradiol crea 0.1mg/gm</i>	1	MO
<i>estradiol pttw 0.025mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.0375mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.05mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.075mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.1mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>estradiol ptwk 0.025mg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.05mg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.06mg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.075mg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.1mg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol ptwk 37.5mcg/24hr</i>	1	QL (4 EA per 28 days) MO
<i>estradiol tabs 0.5mg</i>	1	MO
<i>estradiol tabs 1mg</i>	1	MO
<i>estradiol tabs 2mg</i>	1	MO
<i>estradiol tabs 10mcg</i>	1	MO
ESTRING RING 7.5MCG/24HR	3	MO
<i>exemestane tabs 25mg</i>	1	MO
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	4	QL (49 EA per 28 days) PA
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	4	QL (70 EA per 28 days) PA
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	4	QL (91 EA per 28 days) PA
<i>letrozole tabs 2.5mg</i>	1	MO
<i>lyllana pttw 0.025mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.0375mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.05mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.075mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.1mg/24hr</i>	1	QL (16 EA per 28 days) MO
<i>menest tabs 0.3mg</i>	3	MO
<i>menest tabs 0.625mg</i>	3	MO
<i>menest tabs 1.25mg</i>	3	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>mimvey tabs 1mg; 0.5mg</i>	1	MO
<i>prefest tabs 0; 0</i>	3	MO
PREMARIN CREA 0.625MG/GM	3	MO
<i>raloxifene hydrochloride tabs 60mg</i>	1	MO
SOLTAMOX SOLN 10MG/5ML	4	PA MO
<i>tamoxifen citrate tabs 10mg</i>	1	MO
<i>tamoxifen citrate tabs 20mg</i>	1	MO
<i>toremifene citrate tabs 60mg</i>	4	PA MO
<i>yuvafem tabs 10mcg</i>	1	MO
Gonadotropins and Antigonadotropins		
ELIGARD INJ 22.5MG	2	PA
ELIGARD INJ 30MG	2	PA
ELIGARD INJ 45MG	2	PA
ELIGARD INJ 7.5MG	2	PA
FIRMAGON INJ 120MG/VIAL	4	PA
FIRMAGON INJ 80MG	3	PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	PA
LEUPROLIDE ACETATE INJ 22.5MG	4	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	4	PA
LUPRON DEPOT (1-MONTH) INJ 7.5MG	4	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	4	PA
LUPRON DEPOT (3-MONTH) INJ 22.5MG	4	PA
LUPRON DEPOT (4-MONTH) INJ 30MG	4	PA
LUPRON DEPOT (6-MONTH) INJ 45MG	4	PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	4	PA
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	4	PA
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	4	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	4	PA
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	4	PA
MYFEMBREE TABS 1MG; 0.5MG; 40MG	4	QL (1 EA per 1 days) PA
ORGOVYX TABS 120MG	4	PA
ORIAHNN CPPK 300MG; 1MG; 0.5MG	4	QL (2 EA per 1 days) PA
ORILISSA TABS 150MG	4	QL (1 EA per 1 days) PA
ORILISSA TABS 200MG	4	QL (2 EA per 1 days) PA
SYNAREL SOLN 2MG/ML	4	PA
TRELSTAR MIXJECT INJ 11.25MG	3	PA
TRELSTAR MIXJECT INJ 22.5MG	2	PA
TRELSTAR MIXJECT INJ 3.75MG	2	PA
Leptins		
MYALEPT INJ 11.3MG	4	PA MO
Parathyroid and Antiparathyroid Agents		
<i>calcitonin salmon inj 200unit/ml</i>	4	
<i>calcitonin salmon soln 200unit/act</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin-salmon soln 200unit/act</i>	1	MO
<i>cinacalcet hydrochloride tabs 30mg</i>	1	MO
<i>cinacalcet hydrochloride tabs 60mg</i>	1	MO
<i>cinacalcet hydrochloride tabs 90mg</i>	1	MO
FORTEO INJ 600MCG/2.4ML	4	QL (2.4 ML per 28 days) PA MO
NATPARA INJ 100MCG	4	QL (2 EA per 28 days) PA MO
NATPARA INJ 25MCG	4	QL (2 EA per 28 days) PA MO
NATPARA INJ 50MCG	4	QL (2 EA per 28 days) PA MO
NATPARA INJ 75MCG	4	QL (2 EA per 28 days) PA MO
<i>teriparatide inj 600mcg/2.4ml</i>	4	QL (2.48 ML per 28 days) PA MO
TERIPARATIDE INJ 620MCG/2.48ML	4	QL (2.48 ML per 28 days) PA MO
TYMLOS INJ 3120MCG/1.56ML	4	QL (1.56 ML per 30 days) PA MO
Pituitary		
ACTHAR INJ 80UNIT/ML	4	PA
<i>cortrophin inj 80unit/ml</i>	4	PA
<i>desmopressin acetate inj 4mcg/ml</i>	1	
<i>desmopressin acetate inj 4mcg/ml</i>	4	MO
<i>desmopressin acetate soln 0.01%</i>	1	MO
<i>desmopressin acetate soln 0.01%</i>	1	MO
<i>desmopressin acetate tabs 0.1mg</i>	1	MO
<i>desmopressin acetate tabs 0.2mg</i>	1	MO
Progestins		
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL (0.65 ML per 84 days)
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	
<i>medroxyprogesterone acetate tabs 10mg</i>	1	MO
<i>medroxyprogesterone acetate tabs 2.5mg</i>	1	MO
<i>medroxyprogesterone acetate tabs 5mg</i>	1	MO
<i>megestrol acetate susp 40mg/ml</i>	1	
<i>megestrol acetate susp 625mg/5ml</i>	1	
<i>megestrol acetate tabs 20mg</i>	1	
<i>megestrol acetate tabs 40mg</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	MO
<i>progesterone caps 100mg</i>	1	MO
<i>progesterone caps 200mg</i>	1	MO
Somatostatin Agonists and Antagonists		
<i>lanreotide acetate inj 120mg/0.5ml</i>	4	PA
MYCAPSSA CPDR 20MG	4	QL (4 EA per 1 days) PA
<i>octreotide acetate inj 1000mcg/ml</i>	4	MO
<i>octreotide acetate inj 100mcg/ml</i>	1	MO
<i>octreotide acetate inj 200mcg/ml</i>	1	MO
<i>octreotide acetate inj 500mcg/ml</i>	4	MO
<i>octreotide acetate inj 50mcg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT INJ 10MG	4	PA
SANDOSTATIN LAR DEPOT INJ 20MG	4	PA
SANDOSTATIN LAR DEPOT INJ 30MG	4	PA
SIGNIFOR INJ 0.3MG/ML	4	PA MO
SIGNIFOR INJ 0.6MG/ML	4	PA MO
SIGNIFOR INJ 0.9MG/ML	4	PA MO
SOMATULINE DEPOT INJ 120MG/0.5ML	4	PA
SOMATULINE DEPOT INJ 60MG/0.2ML	4	PA
SOMATULINE DEPOT INJ 90MG/0.3ML	4	PA
<i>Somatotropin Agonists and Antagonists</i>		
EGRIFTA SV INJ 2MG	4	QL (1 EA per 1 days) PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA MO
GENOTROPIN MINIQUICK INJ 0.4MG	4	PA MO
GENOTROPIN MINIQUICK INJ 0.6MG	4	PA MO
GENOTROPIN MINIQUICK INJ 0.8MG	4	PA MO
GENOTROPIN MINIQUICK INJ 1.2MG	4	PA MO
GENOTROPIN MINIQUICK INJ 1.4MG	4	PA MO
GENOTROPIN MINIQUICK INJ 1.6MG	4	PA MO
GENOTROPIN MINIQUICK INJ 1.8MG	4	PA MO
GENOTROPIN MINIQUICK INJ 1MG	4	PA MO
GENOTROPIN MINIQUICK INJ 2MG	4	PA MO
GENOTROPIN INJ 12MG	4	PA MO
GENOTROPIN INJ 5MG	4	PA MO
HUMATROPE INJ 12MG	4	PA MO
HUMATROPE INJ 24MG	4	PA MO
HUMATROPE INJ 6MG	4	PA MO
INCRELEX INJ 40MG/4ML	4	PA LA MO
NORDITROPIN FLEXPRO INJ 10MG/1.5ML	4	PA MO
NORDITROPIN FLEXPRO INJ 15MG/1.5ML	4	PA MO
NORDITROPIN FLEXPRO INJ 30MG/3ML	4	PA MO
NORDITROPIN FLEXPRO INJ 5MG/1.5ML	4	PA MO
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	4	PA MO
NUTROPIN AQ NUSPIN 20 INJ 20MG/2ML	4	PA MO
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	4	PA MO
OMNITROPE INJ 10MG/1.5ML	4	PA MO
OMNITROPE INJ 5.8MG	4	PA MO
OMNITROPE INJ 5MG/1.5ML	4	PA MO
SAIZEN INJ 5MG	4	PA MO
SAIZEN INJ 8.8MG	4	PA MO
SAIZENPREP RECONSTITUTIONKIT INJ 8.8MG	4	PA MO
SOMAVERT INJ 10MG	4	PA LA MO
SOMAVERT INJ 15MG	4	PA LA MO
SOMAVERT INJ 20MG	4	PA LA MO

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJ 25MG	4	PA LA MO
SOMAVERT INJ 30MG	4	PA LA MO
ZORBTIVE INJ 8.8MG	4	PA LA MO
<i>Thyroid and Antithyroid Agents</i>		
ADTHYZA TABS 120MG	3	MO
ADTHYZA TABS 15MG	3	MO
ADTHYZA TABS 30MG	3	MO
ADTHYZA TABS 60MG	3	MO
ADTHYZA TABS 90MG	3	MO
ARMOUR THYROID TABS 120MG	3	MO
ARMOUR THYROID TABS 15MG	3	MO
ARMOUR THYROID TABS 180MG	3	MO
ARMOUR THYROID TABS 240MG	3	MO
ARMOUR THYROID TABS 300MG	3	MO
ARMOUR THYROID TABS 30MG	3	MO
ARMOUR THYROID TABS 60MG	3	MO
ARMOUR THYROID TABS 90MG	3	MO
<i>euthyrox tabs 100mcg</i>	2	MO
<i>euthyrox tabs 112mcg</i>	2	MO
<i>euthyrox tabs 125mcg</i>	2	MO
<i>euthyrox tabs 137mcg</i>	2	MO
<i>euthyrox tabs 150mcg</i>	2	MO
<i>euthyrox tabs 175mcg</i>	2	MO
<i>euthyrox tabs 200mcg</i>	2	MO
<i>euthyrox tabs 25mcg</i>	2	MO
<i>euthyrox tabs 50mcg</i>	2	MO
<i>euthyrox tabs 75mcg</i>	2	MO
<i>euthyrox tabs 88mcg</i>	2	MO
<i>levo-t tabs 100mcg</i>	2	MO
<i>levo-t tabs 112mcg</i>	2	MO
<i>levo-t tabs 125mcg</i>	2	MO
<i>levo-t tabs 137mcg</i>	2	MO
<i>levo-t tabs 150mcg</i>	2	MO
<i>levo-t tabs 175mcg</i>	2	MO
<i>levo-t tabs 200mcg</i>	2	MO
<i>levo-t tabs 25mcg</i>	2	MO
<i>levo-t tabs 300mcg</i>	2	MO
<i>levo-t tabs 50mcg</i>	2	MO
<i>levo-t tabs 75mcg</i>	2	MO
<i>levo-t tabs 88mcg</i>	2	MO
<i>levothyroxine sodium inj 100mcg</i>	4	
<i>levothyroxine sodium inj 100mcg</i>	4	
<i>levothyroxine sodium inj 200mcg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium inj 200mcg</i>	4	
<i>levothyroxine sodium inj 500mcg</i>	4	
<i>levothyroxine sodium inj 500mcg</i>	4	
<i>levothyroxine sodium tabs 100mcg</i>	1	MO
<i>levothyroxine sodium tabs 112mcg</i>	1	MO
<i>levothyroxine sodium tabs 125mcg</i>	1	MO
<i>levothyroxine sodium tabs 137mcg</i>	1	MO
<i>levothyroxine sodium tabs 150mcg</i>	1	MO
<i>levothyroxine sodium tabs 175mcg</i>	1	MO
<i>levothyroxine sodium tabs 200mcg</i>	1	MO
<i>levothyroxine sodium tabs 25mcg</i>	1	MO
<i>levothyroxine sodium tabs 300mcg</i>	1	MO
<i>levothyroxine sodium tabs 50mcg</i>	1	MO
<i>levothyroxine sodium tabs 75mcg</i>	1	MO
<i>levothyroxine sodium tabs 88mcg</i>	1	MO
<i>levoxyl tabs 100mcg</i>	2	MO
<i>levoxyl tabs 112mcg</i>	2	MO
<i>levoxyl tabs 125mcg</i>	2	MO
<i>levoxyl tabs 137mcg</i>	2	MO
<i>levoxyl tabs 150mcg</i>	2	MO
<i>levoxyl tabs 175mcg</i>	2	MO
<i>levoxyl tabs 200mcg</i>	2	MO
<i>levoxyl tabs 25mcg</i>	2	MO
<i>levoxyl tabs 50mcg</i>	2	MO
<i>levoxyl tabs 75mcg</i>	2	MO
<i>levoxyl tabs 88mcg</i>	2	MO
<i>liothyronine sodium tabs 25mcg</i>	1	MO
<i>liothyronine sodium tabs 50mcg</i>	1	MO
<i>liothyronine sodium tabs 5mcg</i>	1	MO
<i>methimazole tabs 10mg</i>	1	MO
<i>methimazole tabs 5mg</i>	1	MO
<i>np thyroid 120 tabs 120mg</i>	1	MO
<i>np thyroid 15 tabs 15mg</i>	1	MO
<i>np thyroid 30 tabs 30mg</i>	1	MO
<i>np thyroid 60 tabs 60mg</i>	1	MO
<i>np thyroid 90 tabs 90mg</i>	1	MO
<i>propylthiouracil tabs 50mg</i>	1	MO
REZDIFFRA TABS 100MG	4	QL (1 EA per 1 days) PA
REZDIFFRA TABS 60MG	4	QL (1 EA per 1 days) PA
REZDIFFRA TABS 80MG	4	QL (1 EA per 1 days) PA
SYNTHROID TABS 100MCG	2	MO
SYNTHROID TABS 112MCG	2	MO
SYNTHROID TABS 125MCG	2	MO

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 137MCG	2	MO
SYNTHROID TABS 150MCG	2	MO
SYNTHROID TABS 175MCG	2	MO
SYNTHROID TABS 200MCG	2	MO
SYNTHROID TABS 25MCG	2	MO
SYNTHROID TABS 300MCG	2	MO
SYNTHROID TABS 50MCG	2	MO
SYNTHROID TABS 75MCG	2	MO
SYNTHROID TABS 88MCG	2	MO
TIROSINT-SOL SOLN 100MCG/ML	3	PA MO
TIROSINT-SOL SOLN 112MCG/ML	3	PA MO
TIROSINT-SOL SOLN 125MCG/ML	3	PA MO
TIROSINT-SOL SOLN 137MCG/ML	3	PA MO
TIROSINT-SOL SOLN 13MCG/ML	3	PA MO
TIROSINT-SOL SOLN 150MCG/ML	3	PA MO
TIROSINT-SOL SOLN 175MCG/ML	3	PA MO
TIROSINT-SOL SOLN 200MCG/ML	3	PA MO
TIROSINT-SOL SOLN 25MCG/ML	3	PA MO
TIROSINT-SOL SOLN 37.5MCG/ML	3	PA MO
TIROSINT-SOL SOLN 44MCG/ML	3	PA MO
TIROSINT-SOL SOLN 50MCG/ML	3	PA MO
TIROSINT-SOL SOLN 62.5MCG/ML	3	PA MO
TIROSINT-SOL SOLN 75MCG/ML	3	PA MO
TIROSINT-SOL SOLN 88MCG/ML	3	PA MO
<i>unithroid tabs 100mcg</i>	2	MO
<i>unithroid tabs 112mcg</i>	2	MO
<i>unithroid tabs 125mcg</i>	2	MO
<i>unithroid tabs 137mcg</i>	2	MO
<i>unithroid tabs 150mcg</i>	2	MO
<i>unithroid tabs 175mcg</i>	2	MO
<i>unithroid tabs 200mcg</i>	2	MO
<i>unithroid tabs 25mcg</i>	2	MO
<i>unithroid tabs 300mcg</i>	2	MO
<i>unithroid tabs 50mcg</i>	2	MO
<i>unithroid tabs 75mcg</i>	2	MO
<i>unithroid tabs 88mcg</i>	2	MO
Local Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 1.5%</i>	1	
<i>lidocaine hcl inj 2%</i>	1	
<i>lidocaine hcl inj 4%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
<i>dutasteride caps 0.5mg</i>	1	MO
<i>finasteride tabs 5mg</i>	1	MO
Alcohol Deterrents		
<i>disulfiram tabs 250mg</i>	1	MO
Antidotes		
<i>acetylcysteine soln 10%</i>	1	B/D
<i>acetylcysteine soln 20%</i>	1	B/D
<i>leucovorin calcium inj 100mg</i>	1	
<i>leucovorin calcium inj 200mg</i>	1	
<i>leucovorin calcium inj 350mg</i>	1	
<i>leucovorin calcium inj 500mg</i>	1	
<i>leucovorin calcium inj 50mg</i>	1	
<i>leucovorin calcium inj 50mg</i>	1	
<i>leucovorin calcium tabs 10mg</i>	1	
<i>leucovorin calcium tabs 15mg</i>	1	
<i>leucovorin calcium tabs 25mg</i>	1	
<i>leucovorin calcium tabs 5mg</i>	1	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	4	PA
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	4	PA
<i>levoleucovorin calcium inj 250mg/25ml</i>	4	PA
<i>levoleucovorin inj 50mg</i>	4	PA
Antigout Agents		
<i>allopurinol tabs 100mg</i>	1	MO
<i>allopurinol tabs 300mg</i>	1	MO
<i>colchicine tabs 0.6mg</i>	1	
<i>febuxostat tabs 40mg</i>	1	QL (1 EA per 1 days) MO
<i>febuxostat tabs 80mg</i>	1	QL (1 EA per 1 days) MO
Antisense Oligonucleotides		

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Drug Name	Drug Tier	Requirements/Limits
EXONDYS 51 INJ 100MG/2ML	4	PA
EXONDYS 51 INJ 500MG/10ML	4	PA
TEGSEDI INJ 284MG/1.5ML	4	QL (6 ML per 28 days) PA MO
WAINUA INJ 45MG/0.8ML	4	QL (0.8 ML per 28 days) PA
Bone Anabolic Agents		
EVENITY INJ 105MG/1.17ML	4	QL (2.34 ML per 28 days) PA
Bone Resorption Inhibitors		
<i>alendronate sodium soln 70mg/75ml</i>	1	MO
<i>alendronate sodium tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>alendronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) MO
ALENDRONATE SODIUM TABS 5MG	1	QL (1 EA per 1 days)
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days) MO
<i>ibandronate sodium inj 3mg/3ml</i>	1	
<i>ibandronate sodium tabs 150mg</i>	1	QL (1 EA per 28 days) MO
<i>pamidronate disodium inj 30mg/10ml</i>	1	PA
<i>pamidronate disodium inj 6mg/ml</i>	1	PA
<i>pamidronate disodium inj 90mg/10ml</i>	1	PA
PROLIA INJ 60MG/ML	3	QL (1 ML per 180 days)
<i>risedronate sodium tabs 150mg</i>	1	ST MO
<i>risedronate sodium tabs 30mg</i>	1	ST
<i>risedronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) ST MO
<i>risedronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) ST MO
<i>risedronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) ST MO
<i>risedronate sodium tabs 5mg</i>	1	ST MO
XGEVA INJ 120MG/1.7ML	4	PA
<i>zoledronic acid inj 4mg/100ml</i>	1	PA
<i>zoledronic acid inj 4mg/5ml</i>	1	PA
<i>zoledronic acid inj 5mg/100ml</i>	1	PA
Carbonic Anhydrase Inhibitors		
<i>dichlorphenamide tabs 50mg</i>	4	QL (4 EA per 1 days) PA
KEVEYIS TABS 50MG	4	QL (4 EA per 1 days) PA LA
Cariostatic Agents		
<i>dentagel gel 1.1%</i>	1	
<i>fluoride chew 1mg</i>	1	
<i>nafrinse chew 2.2mg</i>	1	
<i>prevident 5000 dry mouth gel 1.1%</i>	1	
<i>prevident fluoride gel 1.1%</i>	1	
<i>sf 5000 plus crea 1.1%</i>	1	
<i>sf gel 1.1%</i>	1	
<i>sodium fluoride 1.1 crea 1.1%</i>	1	
<i>sodium fluoride 5000 plus crea 1.1%</i>	1	
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	1	
<i>sodium fluoride 5000 ppm crea 1.1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 ppm pste 1.1%</i>	1	
SODIUM FLUORIDE CHEW 1MG	1	MO
<i>sodium fluoride gel 1.1%</i>	1	
Complement Inhibitors		
CINRYZE INJ 500UNIT	4	PA
HAEGARDA INJ 2000UNIT	4	PA
HAEGARDA INJ 3000UNIT	4	PA
<i>icatibant acetate inj 30mg/3ml</i>	4	PA
ORLADEYO CAPS 110MG	4	QL (1 EA per 1 days) PA
<i>sajazir inj 30mg/3ml</i>	4	PA
TAKHZYRO INJ 300MG/2ML	4	QL (4 ML per 28 days) PA MO
Disease-modifying Antirheumatic Drugs		
ACTEMRA ACTPEN INJ 162MG/0.9ML	4	PA
ACTEMRA INJ 162MG/0.9ML	4	PA
AVSOLA INJ 100MG	4	PA
CIMZIA STARTER KIT INJ 200MG/ML	4	QL (3 EA per 180 days) PA MO
CIMZIA INJ 200MG/ML	4	QL (1 EA per 28 days) PA MO
CIMZIA INJ 200MG	4	QL (1 EA per 28 days) PA
COSENTYX UNOREADY INJ 300MG/2ML	4	PA
COSENTYX INJ 125MG/5ML	4	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.4ML	4	QL (6 EA per 180 days) PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.8ML	4	QL (6 EA per 180 days) PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS INJ 40MG/0.4ML	4	QL (4 EA per 180 days) PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS INJ 40MG/0.8ML	4	QL (4 EA per 180 days) PA
CYLTEZO INJ 10MG/0.2ML	4	QL (2 EA per 28 days) PA
CYLTEZO INJ 20MG/0.4ML	4	QL (2 EA per 28 days) PA
CYLTEZO INJ 40MG/0.4ML	4	QL (6 EA per 28 days) PA
CYLTEZO INJ 40MG/0.4ML	4	QL (6 EA per 28 days) PA
CYLTEZO INJ 40MG/0.8ML	4	QL (4 EA per 28 days) PA
CYLTEZO INJ 40MG/0.8ML	4	QL (4 EA per 28 days) PA
ENBREL MINI INJ 50MG/ML	4	QL (8 ML per 28 days) PA MO
ENBREL SURECLICK INJ 50MG/ML	4	QL (8 ML per 28 days) PA MO
ENBREL INJ 25MG/0.5ML	4	QL (4 ML per 28 days) PA MO
ENBREL INJ 25MG/0.5ML	4	QL (4 ML per 28 days) PA
ENBREL INJ 25MG	4	QL (8 EA per 28 days) PA MO
ENBREL INJ 50MG/ML	4	QL (8 ML per 28 days) PA MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	4	QL (2 EA per 180 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	4	QL (3 EA per 180 days) PA MO
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	4	QL (6 EA per 180 days) PA MO
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	4	QL (3 EA per 180 days) PA MO
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ 80MG/0.8ML	4	QL (4 EA per 180 days) PA MO
HUMIRA PEN-PS/UV STARTER INJ 0	4	QL (3 EA per 180 days) PA MO
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	4	QL (4 EA per 180 days) PA MO
HUMIRA PEN INJ 40MG/0.4ML	4	QL (6 EA per 28 days) PA MO
HUMIRA PEN INJ 40MG/0.8ML	4	QL (6 EA per 28 days) PA MO
HUMIRA PEN INJ 80MG/0.8ML	4	QL (2 EA per 28 days) PA MO
HUMIRA INJ 10MG/0.1ML	4	QL (2 EA per 28 days) PA MO
HUMIRA INJ 20MG/0.2ML	4	QL (2 EA per 28 days) PA MO
HUMIRA INJ 40MG/0.4ML	4	QL (6 EA per 28 days) PA MO
HUMIRA INJ 40MG/0.8ML	4	QL (6 EA per 28 days) PA MO
INFLECTRA INJ 100MG	4	PA
KINERET INJ 100MG/0.67ML	4	QL (18.76 ML per 28 days) PA MO
<i>leflunomide tabs 10mg</i>	1	MO
<i>leflunomide tabs 20mg</i>	1	MO
ORENCIA CLICKJECT INJ 125MG/ML	4	PA MO
ORENCIA INJ 125MG/ML	4	PA MO
ORENCIA INJ 250MG	4	PA MO
ORENCIA INJ 50MG/0.4ML	4	PA MO
ORENCIA INJ 87.5MG/0.7ML	4	PA MO
OTEZLA TABS 30MG	4	QL (60 EA per 30 days) PA MO
OTEZLA TBPK 0	4	QL (55 EA per 180 days) PA
RENFLEXIS INJ 100MG	4	PA
RINVOQ TB24 15MG	4	QL (1 EA per 1 days) PA MO
RINVOQ TB24 30MG	4	QL (1 EA per 1 days) PA MO
RINVOQ TB24 45MG	4	QL (1 EA per 1 days) PA MO
SIMPONI ARIA INJ 50MG/4ML	4	PA MO
SIMPONI INJ 100MG/ML	4	QL (1 ML per 28 days) PA MO
SIMPONI INJ 100MG/ML	4	QL (1 ML per 28 days) PA MO
SIMPONI INJ 50MG/0.5ML	4	QL (0.5 ML per 30 days) PA MO
SIMPONI INJ 50MG/0.5ML	4	QL (0.5 ML per 30 days) PA MO
XELJANZ XR TB24 11MG	4	QL (1 EA per 1 days) PA
XELJANZ XR TB24 22MG	4	QL (1 EA per 1 days) PA
XELJANZ SOLN 1MG/ML	4	PA
XELJANZ TABS 10MG	4	QL (2 EA per 1 days) PA
XELJANZ TABS 5MG	4	QL (2 EA per 1 days) PA
YUFLYMA 1-PEN KIT INJ 40MG/0.4ML	4	QL (6 EA per 28 days) PA
YUFLYMA 1-PEN KIT INJ 80MG/0.8ML	4	QL (2 EA per 28 days) PA
YUFLYMA 2-PEN KIT INJ 40MG/0.4ML	4	QL (1 EA per 28 days) PA

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Drug Name	Drug Tier	Requirements/Limits
YUFLYMA 2-SYRINGE KIT INJ 20MG/0.2ML	4	QL (1 EA per 28 days) PA
YUFLYMA 2-SYRINGE KIT INJ 40MG/0.4ML	4	QL (1 EA per 28 days) PA
YUFLYMA CD/UC/HS STARTER INJ 80MG/0.8ML	4	QL (3 EA per 180 days) PA
Immunomodulatory Agents		
ACTIMMUNE INJ 100MCG/0.5ML	4	PA LA MO
AVONEX PEN INJ 30MCG/0.5ML	4	QL (4 EA per 28 days) MO
AVONEX INJ 30MCG/0.5ML	4	QL (1 EA per 28 days) MO
BETASERON INJ 0.3MG	4	QL (14 EA per 28 days) MO
<i>dimethyl fumarate starterpack cdpk 0</i>	1	
<i>dimethyl fumarate cpdr 120mg</i>	1	MO
<i>dimethyl fumarate cpdr 240mg</i>	1	MO
ENSPRYNG INJ 120MG/ML	4	QL (3 ML per 28 days) PA
EXTAVIA INJ 0.3MG	4	QL (15 EA per 30 days) MO
EXTAVIA INJ 0.3MG	4	QL (15 EA per 30 days) MO
<i>fingolimod hydrochloride caps 0.5mg</i>	4	QL (1 EA per 1 days) PA MO
GILENYA CAPS 0.25MG	4	QL (1 EA per 1 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	4	QL (1 ML per 1 days) MO
<i>glatiramer acetate inj 40mg/ml</i>	4	QL (12 ML per 28 days) MO
<i>glatopa inj 20mg/ml</i>	4	QL (1 ML per 1 days) MO
<i>glatopa inj 40mg/ml</i>	4	QL (12 ML per 28 days) MO
JOENJA TABS 70MG	4	QL (2 EA per 1 days) PA
MAYZENT STARTER PACK TBPK 0.25MG	2	QL (7 EA per 180 days) PA
MAYZENT STARTER PACK TBPK 0.25MG	4	QL (12 EA per 180 days) PA
MAYZENT TABS 0.25MG	4	QL (4 EA per 1 days) PA MO
MAYZENT TABS 1MG	4	QL (1 EA per 1 days) PA
MAYZENT TABS 2MG	4	QL (1 EA per 1 days) PA MO
OCREVUS INJ 300MG/10ML	4	QL (20 ML per 180 days) PA
PLEGRIDY INJ 125MCG/0.5ML	3	QL (1 ML per 28 days) MO
REBIF REBIDOSE TITRATION PACK INJ 0	4	QL (4.2 ML per 180 days) MO
REBIF REBIDOSE INJ 22MCG/0.5ML	4	QL (6 ML per 28 days) MO
REBIF REBIDOSE INJ 44MCG/0.5ML	4	QL (6 ML per 28 days) MO
REBIF TITRATION PACK INJ 0	4	QL (4.2 ML per 180 days) MO
REBIF INJ 22MCG/0.5ML	4	QL (6 ML per 28 days) MO
REBIF INJ 44MCG/0.5ML	4	QL (6 ML per 28 days) MO
<i>teriflunomide tabs 14mg</i>	4	PA MO
<i>teriflunomide tabs 7mg</i>	4	PA MO
THALOMID CAPS 100MG	4	PA MO
THALOMID CAPS 150MG	4	PA MO
THALOMID CAPS 200MG	4	PA MO
THALOMID CAPS 50MG	4	PA MO
TYSABRI INJ 300MG/15ML	4	PA LA
Immunosuppressive Agents		
ASTAGRAF XL CP24 0.5MG	3	PA MO

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Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CP24 1MG	3	PA MO
ASTAGRAF XL CP24 5MG	4	PA MO
ATGAM INJ 50MG/ML	4	PA
<i>azasan tabs 100mg</i>	1	B/D MO
<i>azasan tabs 75mg</i>	1	B/D MO
<i>azathioprine inj 100mg</i>	1	B/D
<i>azathioprine tabs 100mg</i>	1	B/D MO
<i>azathioprine tabs 50mg</i>	1	B/D MO
<i>azathioprine tabs 75mg</i>	1	B/D MO
BENLYSTA INJ 120MG	4	PA
BENLYSTA INJ 200MG/ML	4	QL (8 ML per 28 days) PA MO
BENLYSTA INJ 200MG/ML	4	QL (8 ML per 28 days) PA MO
BENLYSTA INJ 400MG	4	PA
<i>cyclosporine modified caps 100mg</i>	1	B/D MO
<i>cyclosporine modified caps 25mg</i>	1	B/D MO
<i>cyclosporine modified caps 50mg</i>	1	B/D MO
<i>cyclosporine modified soln 100mg/ml</i>	1	B/D MO
<i>cyclosporine caps 100mg</i>	1	B/D MO
<i>cyclosporine caps 25mg</i>	1	B/D MO
<i>cyclosporine inj 50mg/ml</i>	1	B/D
<i>everolimus tabs 0.25mg</i>	1	B/D MO
<i>everolimus tabs 0.5mg</i>	4	B/D MO
<i>everolimus tabs 0.75mg</i>	4	B/D MO
<i>everolimus tabs 1mg</i>	4	B/D MO
<i>engraf caps 100mg</i>	1	B/D MO
<i>engraf caps 25mg</i>	1	B/D MO
<i>engraf soln 100mg/ml</i>	1	B/D MO
LUPKYNIS CAPS 7.9MG	4	QL (6 EA per 1 days) PA
<i>mycophenolate mofetil caps 250mg</i>	1	B/D MO
<i>mycophenolate mofetil inj 500mg</i>	1	B/D
<i>mycophenolate mofetil susr 200mg/ml</i>	4	B/D MO
<i>mycophenolate mofetil tabs 500mg</i>	1	B/D MO
<i>mycophenolic acid dr tbec 180mg</i>	1	B/D MO
<i>mycophenolic acid dr tbec 360mg</i>	1	B/D MO
NULOJIX INJ 250MG	4	PA
PROGRAF INJ 5MG/ML	3	B/D
PROGRAF PACK 0.2MG	3	B/D MO
PROGRAF PACK 1MG	3	B/D MO
SAPHNELO INJ 300MG/2ML	4	PA
SIMULECT INJ 10MG	4	B/D
SIMULECT INJ 20MG	4	B/D
<i>sirolimus soln 1mg/ml</i>	1	B/D MO
<i>sirolimus tabs 0.5mg</i>	1	B/D MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus tabs 1mg</i>	1	B/D MO
<i>sirolimus tabs 2mg</i>	1	B/D MO
<i>tacrolimus caps 0.5mg</i>	1	B/D MO
<i>tacrolimus caps 1mg</i>	1	B/D MO
<i>tacrolimus caps 5mg</i>	1	B/D MO
THYMOGLOBULIN INJ 25MG	4	PA
<i>Kallikrein-Kinin System Inhibitors</i>		
FABHALTA CAPS 200MG	4	QL (2 EA per 1 days) PA
ORLADEYO CAPS 150MG	4	QL (1 EA per 1 days) PA
TAKHZYRO INJ 150MG/ML	4	QL (4 ML per 28 days) PA
TAKHZYRO INJ 300MG/2ML	4	QL (4 ML per 28 days) PA MO
TAVNEOS CAPS 10MG	4	QL (6 EA per 1 days) PA
VOYDEYA TABS 100MG	4	QL (6 EA per 1 days) PA
VOYDEYA TBPK 0	4	QL (6 EA per 1 days) PA
ZILBRYSQ INJ 16.6MG/0.416ML	4	QL (0.42 ML per 1 days) PA
ZILBRYSQ INJ 23MG/0.574ML	4	QL (0.58 ML per 1 days) PA
ZILBRYSQ INJ 32.4MG/0.81ML	4	QL (0.81 ML per 1 days) PA
<i>Other Miscellaneous Therapeutic Agents</i>		
ARCALYST INJ 220MG	4	PA LA MO
<i>betaine anhydrous powd 0</i>	4	PA MO
BOTOX INJ 100UNIT	3	PA
BOTOX INJ 200UNIT	3	PA
CERDELGA CAPS 84MG	4	QL (2 EA per 1 days) PA MO
CYSTAGON CAPS 150MG	3	LA MO
CYSTAGON CAPS 50MG	3	LA MO
<i>dalfampridine er tb12 10mg</i>	1	QL (2 EA per 1 days) PA MO
ELMIRON CAPS 100MG	3	PA
ENDARI PACK 5GM	4	PA
EVRYSDI SOLR 0.75MG/ML	4	QL (6.67 ML per 1 days) PA
FILSPARI TABS 200MG	4	QL (1 EA per 1 days) PA
FILSPARI TABS 400MG	4	QL (1 EA per 1 days) PA
FIRDAPSE TABS 10MG	4	QL (8 EA per 1 days) PA
GALAFOLD CAPS 123MG	4	QL (0.5 EA per 1 days) PA MO
<i>javygtor pack 500mg</i>	4	PA MO
<i>javygtor tabs 100mg</i>	4	PA MO
<i>l-glutamine pack 5gm</i>	4	PA
<i>levocarnitine sf soln 1gm/10ml</i>	1	MO
<i>levocarnitine soln 1gm/10ml</i>	1	MO
<i>levocarnitine tabs 330mg</i>	1	MO
LODOCO TABS 0.5MG	3	QL (1 EA per 1 days) PA MO
<i>metyrosine caps 250mg</i>	4	PA
<i>miglustat caps 100mg</i>	4	PA LA MO
<i>nitisinone caps 10mg</i>	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone caps 20mg</i>	1	PA MO
<i>nitisinone caps 2mg</i>	4	PA MO
<i>nitisinone caps 5mg</i>	4	PA MO
NITYR TABS 10MG	4	PA LA
NITYR TABS 2MG	4	PA LA
NITYR TABS 5MG	4	PA LA
OPFOLDA CAPS 65MG	2	QL (8 EA per 28 days) PA
ORFADIN SUSP 4MG/ML	4	PA MO
REZUROCK TABS 200MG	4	QL (2 EA per 1 days) PA
RIVFLOZA INJ 128MG/0.8ML	4	QL (0.8 ML per 28 days) PA
RIVFLOZA INJ 160MG/ML	4	QL (1 ML per 28 days) PA
RIVFLOZA INJ 80MG/0.5ML	4	QL (0.5 ML per 28 days) PA
<i>sapropterin dihydrochloride pack 100mg</i>	4	PA MO
<i>sapropterin dihydrochloride pack 500mg</i>	4	PA MO
<i>sapropterin dihydrochloride tabs 100mg</i>	4	PA MO
SKYCLARYS CAPS 50MG	4	QL (3 EA per 1 days) PA
SOHONOS CAPS 1MG	4	QL (4 EA per 1 days) PA
TYBOST TABS 150MG	3	MO
VIJOICE TBPK 0	4	QL (2 EA per 1 days) PA
VIJOICE TBPK 125MG	4	QL (1 EA per 1 days) PA
VIJOICE TBPK 50MG	4	QL (1 EA per 1 days) PA
VOWST CAPS 0	4	QL (4 EA per 1 days) PA
VOXZOGO INJ 0.4MG	4	QL (1 EA per 1 days) PA
VOXZOGO INJ 0.56MG	4	QL (1 EA per 1 days) PA
VOXZOGO INJ 1.2MG	4	QL (1 EA per 1 days) PA
XEOMIN INJ 100UNIT	3	PA
XEOMIN INJ 200UNIT	3	PA
XEOMIN INJ 50UNIT	3	PA
XURIDEN PACK 2GM	4	QL (8 EA per 1 days) PA MO
<i>yargesa caps 100mg</i>	4	PA MO
ZOKINVY CAPS 50MG	4	PA
ZOKINVY CAPS 75MG	4	PA
Protective Agents		
<i>dexrazoxane inj 250mg</i>	4	
<i>dexrazoxane inj 500mg</i>	4	
MESNEX TABS 400MG	4	
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD 0	2	QL (1 EA per 365 days)
Oxytocics		
Oxytocics		
<i>mifepristone tabs 200mg</i>	1	QL (1 EA per 1 days)

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Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract Agents		
Anti-inflammatory Agents		
<i>cromolyn sodium conc 100mg/5ml</i>	1	MO
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D MO
DUPIXENT INJ 100MG/0.67ML	4	QL (1.34 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	4	PA
FASENRA PEN INJ 30MG/ML	4	PA
FASENRA INJ 10MG/0.5ML	3	PA
FASENRA INJ 30MG/ML	4	PA
<i>montelukast sodium chew 4mg</i>	1	MO
<i>montelukast sodium chew 5mg</i>	1	QL (1 EA per 1 days) MO
<i>montelukast sodium pack 4mg</i>	1	QL (1 EA per 1 days) MO
<i>montelukast sodium tabs 10mg</i>	1	QL (1 EA per 1 days) MO
NUCALA INJ 100MG/ML	4	QL (3 ML per 28 days) PA MO
NUCALA INJ 100MG/ML	4	QL (3 ML per 28 days) PA MO
NUCALA INJ 100MG	4	QL (3 EA per 28 days) PA MO
NUCALA INJ 40MG/0.4ML	4	QL (0.4 ML per 28 days) PA MO
<i>zafirlukast tabs 10mg</i>	1	QL (2 EA per 1 days) MO
<i>zafirlukast tabs 20mg</i>	1	QL (2 EA per 1 days) MO
Antifibrotic Agents		
OFEV CAPS 100MG	4	QL (2 EA per 1 days) PA MO
OFEV CAPS 150MG	4	QL (2 EA per 1 days) PA MO
<i>pirfenidone caps 267mg</i>	4	QL (9 EA per 1 days) PA MO
<i>pirfenidone tabs 267mg</i>	4	QL (6 EA per 1 days) PA MO
PIRFENIDONE TABS 534MG	4	QL (3 EA per 1 days) PA MO
<i>pirfenidone tabs 801mg</i>	4	QL (3 EA per 1 days) PA MO
Antitussives		
<i>promethazine/codeine soln 10mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine/codeine soln 10mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine/codeine soln 10mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine/codeine soln 10mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine/codeine soln 10mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine/codeine soln 10mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine/codeine syrpf 10mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine/codeine syrpf 10mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
<i>promethazine/codeine syrpf 10mg/5ml; 6.25mg/5ml</i>	5	QL (420 ML per 30 days) ED
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO PACK 13.4MG	4	QL (2 EA per 1 days) PA MO
KALYDECO PACK 25MG	4	QL (2 EA per 1 days) PA MO
KALYDECO PACK 5.8MG	4	QL (2 EA per 1 days) PA MO
KALYDECO PACK 50MG	4	QL (2 EA per 1 days) PA MO
KALYDECO PACK 75MG	4	QL (2 EA per 1 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS 150MG	4	QL (2 EA per 1 days) PA MO
ORKAMBI PACK 125MG; 100MG	4	QL (2 EA per 1 days) PA MO
ORKAMBI PACK 188MG; 150MG	4	QL (2 EA per 1 days) PA MO
ORKAMBI PACK 94MG; 75MG	4	QL (2 EA per 1 days) PA MO
ORKAMBI TABS 125MG; 100MG	4	QL (4 EA per 1 days) PA MO
ORKAMBI TABS 125MG; 200MG	4	QL (4 EA per 1 days) PA MO
SYMDEKO TBPK 150MG; 100MG	4	QL (2 EA per 1 days) PA MO
SYMDEKO TBPK 75MG; 50MG	4	QL (2 EA per 1 days) PA MO
TRIKAFTA TBPK 100MG; 0; 50MG	4	QL (3 EA per 1 days) PA MO
TRIKAFTA TBPK 50MG; 0; 25MG	4	QL (3 EA per 1 days) PA MO
TRIKAFTA THPK 100MG; 0; 50MG	4	QL (2 EA per 1 days) PA MO
TRIKAFTA THPK 80MG; 0; 40MG	4	QL (2 EA per 1 days) PA MO
Mucolytic Agents		
PULMOZYME SOLN 2.5MG/2.5ML	4	QL (150 ML per 30 days) B/D MO
Phosphodiesterase Type 4 Inhibitors		
roflumilast tabs 250mcg	1	QL (1 EA per 1 days) PA MO
roflumilast tabs 500mcg	1	PA MO
Respiratory Tract Agents, Miscellaneous		
ARALAST NP INJ 1000MG	4	PA LA
ARALAST NP INJ 500MG	4	PA LA
BRONCHITOL CAPS 40MG	4	QL (560 EA per 28 days) PA
PROLASTIN-C INJ 1000MG/20ML	4	PA LA
PROLASTIN-C INJ 1000MG	4	PA LA
WINREVAIR INJ 0	4	QL (1 EA per 21 days) PA
WINREVAIR INJ 0	4	QL (1 EA per 21 days) PA
WINREVAIR INJ 45MG	4	QL (1 EA per 21 days) PA
WINREVAIR INJ 60MG	4	QL (1 EA per 21 days) PA
XOLAIR INJ 150MG/ML	4	PA
XOLAIR INJ 150MG/ML	4	PA LA
XOLAIR INJ 150MG	4	PA LA
XOLAIR INJ 300MG/2ML	4	PA
XOLAIR INJ 300MG/2ML	4	PA
XOLAIR INJ 75MG/0.5ML	4	PA
XOLAIR INJ 75MG/0.5ML	4	PA LA
ZEMAIRA INJ 1000MG	4	PA LA
ZEMAIRA INJ 4000MG	4	PA LA
ZEMAIRA INJ 5000MG	4	PA LA
Vasodilating Agents		
ADEMPAS TABS 0.5MG	4	PA MO
ADEMPAS TABS 1.5MG	4	PA MO
ADEMPAS TABS 1MG	4	PA MO
ADEMPAS TABS 2.5MG	4	PA MO
ADEMPAS TABS 2MG	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan tabs 10mg</i>	4	PA LA MO
<i>ambrisentan tabs 5mg</i>	4	PA LA MO
<i>bosentan tabs 125mg</i>	4	PA LA MO
<i>bosentan tabs 62.5mg</i>	4	PA LA MO
OPSUMIT TABS 10MG	4	QL (1 EA per 1 days) PA MO
TRACLEER TBSO 32MG	4	QL (4 EA per 1 days) PA LA MO
<i>treprostinil inj 100mg/20ml</i>	4	PA LA
<i>treprostinil inj 200mg/20ml</i>	4	PA LA
<i>treprostinil inj 20mg/20ml</i>	4	PA LA
<i>treprostinil inj 50mg/20ml</i>	4	PA LA
VENTAVIS SOLN 10MCG/ML	4	PA MO
VENTAVIS SOLN 20MCG/ML	4	PA MO
Skin and Mucous Membrane Agents		
<i>Anti-infectives</i>		
<i>clindamycin phosphate gel 1%</i>	1	
<i>Anti-inflammatory Agents</i>		
<i>kourzeq pste 0.1%</i>	1	
<i>Antipruritics and Local Anesthetics</i>		
<i>lidocaine hcl jelly gel 2%</i>	1	QL (60 ML per 30 days)
<i>Skin and Mucous Membrane Agents, Misc</i>		
FILSUVEZ GEL 10%	4	PA
<i>nitroglycerin oint 0.4%</i>	1	QL (30 GM per 30 days)
<i>pimecrolimus crea 1%</i>	1	PA MO
Skin and Mucous Membrane Preparations		
<i>Anti-infectives</i>		
<i>acyclovir crea 5%</i>	1	PA
<i>acyclovir oint 5%</i>	1	PA
<i>ciclodan soln 8%</i>	1	
<i>ciclopirox nail lacquer soln 8%</i>	1	
<i>ciclopirox olamine crea 0.77%</i>	1	
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox sham 1%</i>	1	
<i>ciclopirox susp 0.77%</i>	1	
<i>clindamycin phosphate crea 2%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	1	
<i>clotrimazole crea 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole troc 10mg</i>	1	
<i>crotan lotn 10%</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate crea 1%</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>ketoconazole crea 2%</i>	1	
<i>ketoconazole sham 2%</i>	1	
<i>klayesta powd 100000unit/gm</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotn 0.75%</i>	1	
<i>miconazole 3 supp 200mg</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>nyamyc powd 100000unit/gm</i>	1	
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystop powd 100000unit/gm</i>	1	
<i>penciclovir crea 1%</i>	1	PA
<i>permethrin crea 5%</i>	1	
<i>rosadan crea 0.75%</i>	1	
<i>rosadan gel 0.75%</i>	1	
<i>selenium sulfide lotn 2.5%</i>	1	
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
<i>terconazole crea 0.4%</i>	1	
<i>terconazole crea 0.8%</i>	1	
<i>vandazole gel 0.75%</i>	3	
Anti-inflammatory Agents		
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	
<i>alclometasone dipropionate crea 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide lotn 0.1%</i>	1	
<i>amcinonide oint 0.1%</i>	1	
<i>betamethasone dipropionate augmented crea 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotn 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate crea 0.05%</i>	1	
<i>betamethasone dipropionate lotn 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate crea 0.1%</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate lotn 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
<i>budesonide foam 2mg</i>	1	
<i>clobetasol propionate e crea 0.05%</i>	1	
<i>clobetasol propionate emollient crea 0.05%</i>	1	
<i>clobetasol propionate emollient foam 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotn 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate sham 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clodan sham 0.05%</i>	1	
<i>desonide crea 0.05%</i>	1	
<i>desonide lotn 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>diclofenac sodium gel 1%</i>	1	
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA
<i>fluocinolone acetonide body oil 0.01%</i>	1	
<i>fluocinolone acetonide scalp oil 0.01%</i>	1	
<i>fluocinolone acetonide topical oil 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.01%</i>	1	
<i>fluocinolone acetonide crea 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide emulsified base crea 0.05%</i>	1	
<i>fluocinonide crea 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate crea 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone butyrate crea 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone valerate crea 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>hydrocortisone crea 1%</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL (100 GM per 30 days)
<i>hydrocortisone oint 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
<i>nystatin/triamcinolone acetamide crea 100000unit/gm; 1mg/gm</i>	1	
<i>nystatin/triamcinolone acetamide oint 100000unit/gm; 0.1%</i>	1	
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	1	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	1	
<i>oralone dental paste pste 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
<i>procto-med hc crea 2.5%</i>	1	
<i>procto-pak crea 1%</i>	1	
<i>proctosol hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
<i>tovet foam 0.05%</i>	1	
<i>triamcinolone acetamide dental paste pste 0.1%</i>	1	
<i>triamcinolone acetamide crea 0.025%</i>	1	
<i>triamcinolone acetamide crea 0.1%</i>	1	
<i>triamcinolone acetamide crea 0.5%</i>	1	
<i>triamcinolone acetamide lotn 0.025%</i>	1	
<i>triamcinolone acetamide lotn 0.1%</i>	1	
<i>triamcinolone acetamide oint 0.025%</i>	1	
<i>triamcinolone acetamide oint 0.1%</i>	1	
<i>triamcinolone acetamide oint 0.5%</i>	1	
<i>triderm crea 0.1%</i>	1	
<i>triderm crea 0.5%</i>	1	
Antipruritics and Local Anesthetics		
DOXEPIN HYDROCHLORIDE CREA 5%	1	QL (90 GM per 30 days)
<i>glydo prsy 2%</i>	1	
<i>lidocaine hcl jelly prsy 2%</i>	1	
<i>lidocaine hcl jelly prsy 2%</i>	1	
<i>lidocaine hcl prsy 2%</i>	1	
<i>lidocaine hydrochloride soln 4%</i>	1	QL (250 ML per 30 days)
<i>lidocaine patch 5% ptch 5%</i>	1	QL (3 EA per 1 days) PA
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	1	QL (60 GM per 30 days)
<i>lidocaine oint 5%</i>	1	QL (70.88 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine ptch 5%</i>	1	QL (3 EA per 1 days) PA
<i>phenazopyridine hydrochloride tabs 100mg</i>	1	
<i>phenazopyridine hydrochloride tabs 200mg</i>	1	
<i>premium lidocaine oint 5%</i>	1	QL (70.88 GM per 30 days)
Cell Stimulants and Proliferants		
KEPIVANCE INJ 6.25MG	4	PA LA
<i>tretinoin crea 0.025%</i>	1	QL (45 GM per 30 days)
<i>tretinoin crea 0.05%</i>	1	QL (45 GM per 30 days)
<i>tretinoin crea 0.1%</i>	1	QL (45 GM per 30 days)
<i>tretinoin gel 0.01%</i>	1	QL (45 GM per 30 days)
<i>tretinoin gel 0.025%</i>	1	QL (45 GM per 30 days)
Depigmenting and Pigmenting Agents		
<i>methoxsalen caps 10mg</i>	1	
Emollients, Demulcents, and Protectants		
<i>ammonium lactate crea 12%</i>	1	
<i>ammonium lactate lotn 12%</i>	1	
Skin and Mucous Membrane Agents, Misc		
<i>acutane caps 10mg</i>	1	PA
<i>acutane caps 20mg</i>	1	PA
<i>acutane caps 30mg</i>	1	PA
<i>acutane caps 40mg</i>	1	PA
<i>acitretin caps 10mg</i>	1	
<i>acitretin caps 17.5mg</i>	1	
<i>acitretin caps 25mg</i>	1	
ADBRY INJ 150MG/ML	4	QL (6 ML per 28 days) PA MO
<i>amnesteem caps 10mg</i>	1	PA
<i>amnesteem caps 20mg</i>	1	PA
<i>amnesteem caps 40mg</i>	1	PA
ARAZLO LOTN 0.045%	3	PA
<i>bexarotene gel 1%</i>	4	PA
<i>calcipotriene crea 0.005%</i>	1	QL (120 GM per 30 days)
<i>calcipotriene oint 0.005%</i>	1	QL (120 GM per 30 days)
<i>calcipotriene soln 0.005%</i>	1	QL (120 ML per 30 days)
<i>calcitrene oint 0.005%</i>	1	QL (120 GM per 30 days)
<i>claravis caps 10mg</i>	1	PA
COSENTYX SENSOREADY PEN INJ 150MG/ML	4	PA MO
COSENTYX INJ 150MG/ML	4	PA MO
DUPIXENT INJ 200MG/1.14ML	4	PA MO
DUPIXENT INJ 300MG/2ML	4	PA
DUPIXENT INJ 300MG/2ML	4	PA
<i>fluorouracil crea 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
HYFTOR GEL 0.2%	4	PA
<i>imiquimod crea 5%</i>	1	
<i>isotretinoin caps 10mg</i>	1	PA
<i>isotretinoin caps 20mg</i>	1	PA
<i>isotretinoin caps 30mg</i>	1	PA
<i>isotretinoin caps 40mg</i>	1	PA
<i>myorisan caps 10mg</i>	1	PA
<i>myorisan caps 20mg</i>	1	PA
<i>myorisan caps 30mg</i>	1	PA
<i>myorisan caps 40mg</i>	1	PA
PANRETIN GEL 0.1%	4	PA
<i>podofilox soln 0.5%</i>	1	
QBREXZA PADS 2.4%	3	QL (1 EA per 1 days) PA
RECTIV OINT 0.4%	3	QL (30 GM per 30 days)
REGRANEX GEL 0.01%	4	QL (15 GM per 30 days) PA
SANTYL OINT 250UNIT/GM	3	
SKYRIZI PEN INJ 150MG/ML	4	QL (1 ML per 28 days) PA MO
SKYRIZI INJ 150MG/ML	4	QL (1 ML per 28 days) PA MO
SKYRIZI INJ 75MG/0.83ML	4	QL (2 EA per 84 days) PA MO
STELARA INJ 45MG/0.5ML	4	QL (1.5 ML per 84 days) PA
STELARA INJ 45MG/0.5ML	4	QL (1.5 ML per 84 days) PA
STELARA INJ 90MG/ML	4	QL (2 ML per 56 days) PA
<i>tacrolimus oint 0.03%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
TALTZ INJ 80MG/ML	4	PA MO
TALTZ INJ 80MG/ML	4	PA MO
<i>tazarotene crea 0.1%</i>	1	PA
<i>tazarotene gel 0.05%</i>	1	QL (30 GM per 30 days) PA
<i>tazarotene gel 0.1%</i>	1	QL (30 GM per 30 days) PA
VALCHLOR GEL 0.016%	4	PA
VEREGEN OINT 15%	4	
<i>zenatane caps 10mg</i>	1	PA
<i>zenatane caps 20mg</i>	1	PA
<i>zenatane caps 30mg</i>	1	PA
<i>zenatane caps 40mg</i>	1	PA
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>flavoxate hcl tabs 100mg</i>	1	MO
GEMTESA TABS 75MG	3	QL (1 EA per 1 days) PA MO
MYRBETRIQ TB24 25MG	2	QL (1 EA per 1 days) MO
MYRBETRIQ TB24 50MG	2	QL (1 EA per 1 days) MO
<i>oxybutynin chloride er tb24 10mg</i>	1	MO
<i>oxybutynin chloride er tb24 15mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride er tb24 5mg</i>	1	MO
<i>oxybutynin chloride soln 5mg/5ml</i>	1	MO
<i>oxybutynin chloride tabs 5mg</i>	1	MO
<i>solifenacin succinate tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>solifenacin succinate tabs 5mg</i>	1	QL (1 EA per 1 days) MO
<i>tolterodine tartrate er cp24 2mg</i>	1	QL (1 EA per 1 days) MO
<i>tolterodine tartrate er cp24 4mg</i>	1	QL (1 EA per 1 days) MO
<i>tolterodine tartrate tabs 1mg</i>	1	QL (2 EA per 1 days) MO
<i>tolterodine tartrate tabs 2mg</i>	1	QL (2 EA per 1 days) MO
<i>tropium chloride er cp24 60mg</i>	1	QL (1 EA per 1 days) MO
<i>tropium chloride tabs 20mg</i>	1	QL (2 EA per 1 days) MO
VESICARE LS SUSP 5MG/5ML	3	PA MO
Respiratory Smooth Muscle Relaxants		
<i>aminophylline inj 25mg/ml</i>	1	
<i>theo-24 cp24 100mg</i>	3	MO
<i>theo-24 cp24 200mg</i>	3	MO
<i>theo-24 cp24 300mg</i>	3	MO
<i>theo-24 cp24 400mg</i>	3	MO
<i>theophylline er tb12 100mg</i>	1	MO
THEOPHYLLINE ER TB12 200MG	1	MO
<i>theophylline er tb12 300mg</i>	1	MO
<i>theophylline er tb12 450mg</i>	1	MO
<i>theophylline er tb24 400mg</i>	1	MO
<i>theophylline er tb24 600mg</i>	1	MO
<i>theophylline elix 80mg/15ml</i>	1	MO
<i>theophylline elix 80mg/15ml</i>	1	MO
<i>theophylline elix 80mg/15ml</i>	1	MO
<i>theophylline soln 80mg/15ml</i>	1	MO
Vitamins		
Multivitamin Preparations		
<i>pnv prenatal plus multivitamin + dha misc 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 250mg; 27mg; 1mg; 20mg; 312mg; 10mg; 4000unit; 3mg; 1.84mg; 22mg; 25mg</i>	1	PA
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	PA
Vitamin D		
<i>calcitriol caps 0.25mcg</i>	1	MO
<i>calcitriol caps 0.5mcg</i>	1	MO
<i>calcitriol inj 1mcg/ml</i>	1	
<i>calcitriol soln 1mcg/ml</i>	1	MO
<i>doxercalciferol caps 0.5mcg</i>	1	MO
<i>doxercalciferol caps 1mcg</i>	1	MO
<i>doxercalciferol caps 2.5mcg</i>	1	MO

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol inj 4mcg/2ml</i>	1	
<i>paricalcitol caps 1mcg</i>	1	PA MO
<i>paricalcitol caps 2mcg</i>	1	PA MO
<i>paricalcitol caps 4mcg</i>	1	PA MO
<i>paricalcitol inj 2mcg/ml</i>	1	PA
<i>paricalcitol inj 5mcg/ml</i>	1	PA

You can find information on what the symbols and abbreviations in this table mean by going to the list of abbreviations located at the beginning of the drug list.

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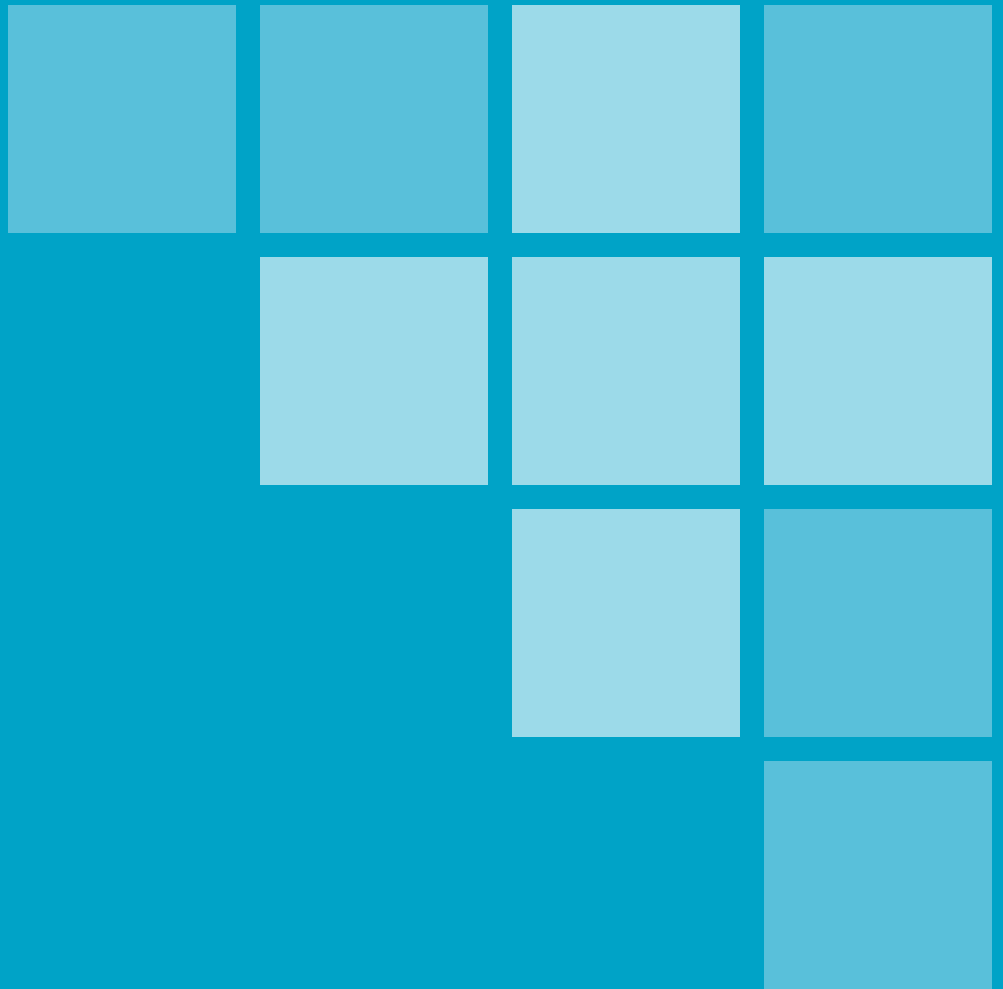
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CareOregon Advantage Customer Service

Call: 503-416-4279 or toll-free 888-712-3258, TTY 711

Hours of operation:

8 a.m. to 8 p.m. seven days a week, October 1 to March 31

8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Formulary ID 24549, Version 20

This formulary was updated September 2024. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 503-416-4279 or toll-free 888-712-3258 (TTY users should call TTY 711), 8 a.m. to 8 p.m. seven days a week, October 1 to March 31, and 8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30, or visit careoregonadvantage.org/druglist.



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COA-23583726-0928

